May 26, 2016

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act [Our File #: HCS/058/2016]

On April 22, 2016, the Department of Health and Community Services (the Department) received your request for access to the following records:

“Any and all records and information relating to cost/benefit analyses or other form of performance analysis, audit, or review completed for the Rapid Response Program for Home Care.”

Your request was further refined to include records related to an analysis/evaluation or review of the program and to exclude records surrounding contracts, proposals, staffing information of Rapid Response, jurisdictional scan records and a general request to remove records relating to meeting logistics. It is important to note that the evaluation plan and analysis is ongoing and not yet complete. Therefore, the records attached represent a point in time. Please touch base with the Department for up to date information relating to the Rapid Response Evaluation.

The Department has reviewed your request in the context of the Access to Information and Protection of Privacy Act (the Act) and is pleased to inform you that access to these records has been granted, in part. In accordance with your request for a copy of the records, the appropriate copies have been enclosed. Some information has been refused in accordance with the following exceptions to disclosure, as specified in the Act:

Section 29 - Policy advice or recommendations
Section 30 - Legal advice
Section 32 - Confidential evaluations
Section 35 - Disclosure harmful to the financial or economic interests of a public body
Section 38 - Disclosure harmful to labour relations interests of public body as employer
Section 40 - Disclosure harmful to personal privacy
As required by 8(2) of the Act, we have severed information that is unable to be disclosed and have provided you with as much information as possible.

Please be advised that you may appeal this decision and ask the Information and Privacy Commissioner to review the decision to provide partial access to the requested information, as set out in section 42 of the Act. A request to the Commissioner must be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner. Your appeal should identify your concerns with the request and why you are submitting the appeal.

The appeal may be addressed to the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John’s, NL. A1B 3V8

Telephone: (709) 729-6309
Toll-Free: 1-877-729-6309
Facsimile: (709) 729-6500

You may also appeal directly to the Supreme Court Trial Division within 15 business days after you receive the decision of the public body, pursuant to section 52 of the Act (a copy of this section of the Act has been enclosed for your reference).

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Office of Public Engagement's website within one business day following the applicable period of time. Please note that requests for personal information will not be posted online.

If you have any further questions, please contact the undersigned by telephone at 709-729-7007 or by email at angelapower@gov.nl.ca.

Sincerely,

Angela Power
ATIPP Coordinator
2016 E-Mails
Hi Deena

The CRRT stats for Eastern Health from Sept 2014 to March 31 2016 are as follows:

Total # of referrals received: 1342

Total # of clients accepted / availed of service: 435
Total # clients declined service: 907

Please let me know if you have any questions.

Thanks
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
PH: 752-4993 Fax: 752-4172
dawn.gallant@easternhealth.ca

Hi

I was hoping you could provide an update of the total number of individuals who availed of the CRRT since Sept 2014, as of March 31, 2016. If you don’t have updated stats could you confirm the stats provided at our last meeting- this was captured in our meeting minutes but wanted it verified before sharing.

**Sept 2014- Dec. 31, 2015**
- EH- 369 clients
- CH-98
- WH-105

Thanks
Deena
Deena Waddleton
Long Term Care Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
709-729-6012
deenawaddleton@gov.nl.ca

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Lets arrange a time to discuss a move forward with this before we arrange to meet with the regions

From: Batstone, Angela E.
Sent: Monday, April 4, 2016 8:59 AM
To: Bridgeman, Annette
Subject: FW: Rapid response teams

FYI

Angie Batstone
Executive Director, Regional Services
Department of Health and Community Services
Email: angelabatstone@gov.nl.ca
Phone: 709-729-7686

From: Tizzard, Mike
Sent: Friday, April 1, 2016 2:37 PM
To: Batstone, Angela E. <angelabatstone@gov.nl.ca>
Cc: Jewer, Michelle N. <MichelleJewer@gov.nl.ca>
Subject: RE: Rapid response teams

Angie,

Discussed with Michelle. We both feel that as long as you are still going to fill the same needs that the CRRT was going to fulfill then you wouldn’t need to go back to Cabinet.

Mike

From: Batstone, Angela E.
Sent: Friday, April 01, 2016 12:17 PM
To: Tizzard, Mike <miketizzard@gov.nl.ca>
Cc: Jewer, Michelle N. <MichelleJewer@gov.nl.ca>
Subject: Rapid response teams

Mike,
Staff are reviewing available funding to determine what type of teams and services could be supported in the 4 RHAs within existing funding. If we propose a different mandate for the teams, do we have to go back to cabinet? Initial approval for the 4 CRRTs was through the Budget process. Thanks!

Angie

Angie Batstone
Executive Director, Regional Services
Department of Health and Community Services
Email: angelabatstone@gov.nl.ca
Phone: 709-729-7686
Hello Everyone,

I received an inquiry yesterday regarding the data collection and stats that you are collecting surrounding CRRT. I know the pilot phase was until March 31, 2016 and that the evaluation will focus on this timeframe — however, Deena informed me that the Department of HCS would like you to continue collecting this information.

Cheers,

-Natalie

Natalie Reardon, MASP, BSc.
Program Evaluation Consultant
Health Analytics and Evaluation Services
Phone: (709) 752-6125
E-mail: natalie.reardon@nlchi.nl.ca
In the meantime --- continue to promote the CRRT Survey --- we have received 75 surveys to date! (18 Eastern Health; 18 Central Health; 8 Western Health ---- numbers do not total 75 given we added this question to have the ability to break down results on an RHA level).

I will be in touch soon 😊

Happy Friday!

-Natalie

--- Original Appointment ---

From: Natalie Reardon
Sent: November 19, 2015 3:49 PM
To: [redacted]@med.mun.ca; gina.sheppard@centralhealth.nl.ca; Elizabeth.Kennedy@easternhealth.ca; Darlenewelsh@westernhealth.nl.ca; DonnaMushrow@gov.nl.ca; kaubrey@mun.ca; Sonya Bowen; Nicole Gill
Subject: CRRT Evaluation Meeting
When: December 1, 2015 11:00 AM-12:00 PM (UTC-03:30) Newfoundland.
Where: Teleconference

When: December 1, 2015 11:00 AM-12:00 PM (UTC-03:30) Newfoundland.
Where: Teleconference

Note: The GMT offset above does not reflect daylight saving time adjustments.

~~~~~~~~~~~~~~

Dial-in Number:

1-866-269-6685

Conference Code: [redacted]
Looking forward to discussing the evaluation of this project!
That’s great, I’ll let Deena know and we will plan from there

Annette

From: Batstone, Angela E.
Sent: Monday, April 4, 2016 8:59 AM
To: Bridgeman, Annette
Subject: FW: Rapid response teams

FYI

Angie Batstone
Executive Director, Regional Services
Department of Health and Community Services
Email: angelabatstone@gov.nl.ca
Phone: 709-729-7686

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Subject: RE: Rapid response teams

Angie,

Discussed with Michelle. We both feel that as long as you are still going to fill the same needs that the CRRT was going to fulfill then you wouldn’t need to go back to Cabinet.

Mike

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Sent: Friday, April 01, 2016 12:17 PM
To: Tizzard, Mike <miketizzard@gov.nl.ca>
Cc: Jewer, Michelle N. <MichelleJewer@gov.nl.ca>
Subject: Rapid response teams

Mike, s.29(1)(a)
Staff are reviewing available funding to determine what type of teams and services could be supported in the 4 RHAs within existing funding. If we propose a different mandate for the teams, do we have to go back to cabinet? Initial approval for the 4 CRRTs was through the Budget process. Thanks!

Angie

Angie Batstone
Executive Director, Regional Services
Department of Health and Community Services
Email: angelabatstone@gov.nl.ca
Phone: 709-729-7686
Yes agreed.

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Waddleton, Deena
Sent: Thursday, March 31, 2016 4:41 PM
To: Bridgeman, Annette
Subject: RE: Data collection CRRT

We also didn't stop for the ECPP- until I was sure we had what we needed.
I will ask that they continue to collect.
Thanks
Deena

From: Bridgeman, Annette
Sent: Thursday, March 31, 2016 4:41 PM
To: Waddleton, Deena
Subject: Re: Data collection CRRT

I wouldn't say so. We are still changing and reviewing. We didn't stop with pfco

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Waddleton, Deena
Sent: Thursday, March 31, 2016 4:34 PM
To: Bridgeman, Annette
Subject: FW: Data collection CRRT
See email from Natalie: RHAs want to stop collecting data CRRT?

From: Natalie Reardon [mailto:Natalie.Reardon@nlchi.nl.ca]  
Sent: Thursday, March 31, 2016 3:25 PM  
To: Waddleton, Deena  
Subject: FW: Data collection CRRT

Hi Deena,

See below for Gina’s e-mail---- from an evaluation perspective— we don’t require any further data after March 31st, 2016— but I didn’t know if the Department wanted to continue monitoring stats so I didn’t want to be the one that says stop documenting.

Please advise.

Thank you,

-Natalie

---

Natalie Reardon, MASP, BSc.  
Program Evaluation Consultant  
Health Analytics and Evaluation Services  
Phone: (709) 752-6125  
E-mail: natalie.reardon@nlchi.nl.ca

From: Sheppard, Gina [mailto:ginasheppard@centralhealth.nl.ca]  
Sent: March 31, 2016 1:32 PM  
To: Natalie Reardon <Natalie.Reardon@nlchi.nl.ca>; Sonya Bowen <sonya.bowen@nlchi.nl.ca>  
Subject: Data collection CRRT

Hi there. Just wondering if there is any need to continue with the data collection after today? I am assuming not, given the evaluation period is completed but wanted to be certain. I would like to share this information with the other regional managers, so once you provide me the feedback I will pass it on. Thanks

Gina

Gina Sheppard BNRN CCHN  
Regional Manager, Ambulatory Services  
1st Floor  
James Paton Regional Health Centre  
125 Trans Canada Highway  
Gander NL  
T: (709)256-5825  
F: (709)256-5790

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Hi
Can we discuss please? Thanks
Tammy

Tammy Priddle
Regional Director Community Support
709-637-5000 ext: 5322
tammypriddle@westernhealth.nl.ca
P.O. Box 2005
Corner Brook, NL
A2H 6J7

From: Collins, Cora
Sent: Tuesday, January 26, 2016 11:10 AM
To: Priddle, Tammy
Subject: FW: Memo re Expansion May 2015

Hi there, I just got off a conference call with the 2 managers for CRRT and it was interesting to say the least when doing some comparison. I want to highlight a couple of things in Central’s eligibility that includes doctor’s referral that our team has been asking for but we have held off. Central has been using these criteria since May, 2015. In addition

s.29(1)(a)

very interesting.

Gina

Gina Sheppard BNRN CCHN
Regional Manager, Ambulatory Services
1st Floor
James Paton Regional Health Centre
125 Trans Canada Highway
Gander NL
All information in this communication, including attachments, is strictly confidential and intended solely for delivery to and authorized use by the addressee(s) identified above, and may contain privileged, confidential, and/or proprietary information entitled to protection and/or exemption from disclosure under applicable law. If you are not the intended recipient, please take notice that any disclosure, copying, distribution, and/or any action taken or omitted to be taken in reliance upon it, is unauthorized and may be unlawful. If you have received this communication in error, please notify the sender immediately and delete the message and any attachments from your system.
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OK we will if it’s good for Deena
Thx

Sent from my BlackBerry 10 smartphone on the Bell network.

That sounds great! The 19\textsuperscript{th} works for me in the PM--- just send a calendar invite of what would work best for you and Deena 😊

Natalie Reardon, MASP, BSc.
Program Evaluation Consultant
Health Analytics and Evaluation Services
Phone: (709) 752-6125
E-mail: natalie.reardon@nlchi.nl.ca

Yes Natalie that’s a great idea and Deena will be following this until Donna is replaced so she will come too, how about 19\textsuperscript{th} pm or 21 am?

Hi Annette---

I nearly have the CRRT Evaluation Framework revised--- can we schedule a meeting to review and to discuss issues/concerns and next steps?

I had a call from Dawn this morning who had a request for some statistics on this project--- but we don’t have that information captured (% clients admitted to PCH, LTC, etc) and stats on hospital utilization. We had this discussion before Christmas.
Just let me know if you have some time to meet 😊

I will have the revisions to you before the end of the week.

I hope we can get this evaluation on track real soon--- the Paid Family Caregiving Option Evaluation is coming together nicely.

Chat soon,

-Natalie

---

From: Bridgeman, Annette [mailto:AnnetteBridgeman@gov.nl.ca]
Sent: December 11, 2015 9:24 AM
To: Natalie Reardon
Subject: RE:

Yes I think that would be great
Annette

---

From: Natalie Reardon [mailto:Natalie.Reardon@nlchi.nl.ca]
Sent: Friday, December 11, 2015 8:35 AM
To: Bridgeman, Annette
Subject: RE:

Hi Annette,

I have had a few preliminary discussions regarding this issue with some committee members and Donna---- we could adjust this piece and bring is back to the Evaluation Committee for review before finalizing... thoughts?

Happy Friday,

-Natalie 😊
Good point and yes the expanded eligibility would make it difficult, what if we regrouped around some final pieces of the evaluation? Or do you think we adjust this piece and then have a final review?

Hi Annette,

-Natalie
Hi Natalie

Attachment not included in e-mail

Please see attached evaluation with a few comments.

Thanks

Annette

From: Mushrow, Donna
Sent: Thursday, December 10, 2015 4:06 PM
To: Bridgeman, Annette
Cc: Natalie Reardon (Natalie.Reardon@nlchi.nl.ca)
Subject: RE:

I have copied Natalie so you can pick her up.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

Can you send me Natalie's email?

Annette Bridgeman
Director Long Term Care Community Support Services (A)
Department of Health & Community Services
P.O. Box 8700
St.John's NL
Tel: 709 729 7628 Fax: 709 729 4009
annettebridgeman@gov.nl.ca

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Thanks Tammy
Hi [Redacted], by way of email I am asking Deena our consultant to follow up with you

Annette

Annette Bridgeman
Director Long Term Care Community Support Services (A)
Department of Health & Community Services
P.O. Box 8700
St. John’s NL
Tel: 709 729 7628 Fax: 709 729 4009
annettebridgeman@gov.nl.ca

Hi Tammy
Thank you both so much and likewise if you have any questions about the programs our relatively small jurisdiction of about 400,000 operate I would be very happy to share.

Annette, I look forward to hearing from you when ever may be convenient.

Many thanks again

Deputy Chief Minister | ACT Attorney-General | ACT Minister for Health
ACT Minister for the Environment | ACT Minister for Capital Metro
Hi Annette;

Please see an email below from the Australian Ministry of Health she is wondering about the evaluation for the Rapid Response Teams, I am forwarding to you and so that you both have each other's email.

Annette is the Director with the Department of Health and Community Services here in Newfoundland and Labrador with the lead related to implementation of these teams.

We do have a team here in Western Health that is operating and we have been completing an ongoing evaluation as well as client surveys since we implemented in November 2014. Annette may be able to share more information on the results with you.

If you have any questions related to the operation in Western Health I can certainly respond to those.

Thanks and have a nice day.

Tammy Priddle
Regional Director Community Support
709-637-5000 ext: 5322
tammypriddle@westernhealth.nl.ca
P.O. Box 2005
Corner Brook, NL
A2H 6J7

From: Wight, Paul
Sent: Wednesday, January 06, 2016 9:31 AM
To: Priddle, Tammy
Subject: FW: CRRT inquiry

As per our call see below.

Paul
Hello Paul

I apologise for the email out-of-the blue.

for the Minister responsible for Health in Australia's capital, Canberra.

The reason for my email relates to the Community Rapid Response Teams that I understand were or are being trialled in your area.

Do you happen to know if any evaluation has been done on these?

I would appreciate any insight you may be able to provide or to be pointed in the right direction.

Many thanks

Deputy Chief Minister | ACT Attorney-General | ACT Minister for Health
ACT Minister for the Environment | ACT Minister for Capital Metro

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2015 E-mails
Hi All

Attached are the minutes from the last Steering Committee Meeting and an agenda for the upcoming meeting in January.

Debbie, please set up an Outlook group for this Committee for distribution of future minutes and communications. The members have been sent this e-mail.

Happy New Year
Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
That is very nice!

-----Original Message-----
From: Mushrow, Donna
Sent: Tuesday, December 22, 2015 8:55 AM
To: Bridgeman, Annette; Batstone, Angela E.
Subject: FW: Hi

A nice feedback compliment for the CRRT at Eastern. :-) 

Donna Mushrow
Policy Consultant for Seniors and Home Care Long Term Care and Community Support Services Department of Health and Community Services Government of Newfoundland and Labrador St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

-----Original Message-----
From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Monday, December 21, 2015 3:18 PM
To: Mushrow, Donna
Subject: FW: Hi

FYI

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

-----Original Message-----
From: Dawn Gallant
Sent: Monday, December 21, 2015 3:17 PM
Subject: FW: Hi

Hi Everyone

Please see email below from a family member of a CRRT client. I know this client was very ill when they were discharged from the hospital and the family a very appreciative of the work the CRRT team did with their family. Congratulations to each of you -for a job well done!!

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
PH: 752-4993 Fax: 752-4975
-----Original Message-----
From: Karen Milley
Sent: Monday, December 21, 2015 7:58 AM
Subject: FW: Hi

FYI

Karen Milley
Regional Director Home & Community Care & Public Health Eastern Health Mt Pearl Square, Phone 709 752-4520
Fax 709 752-4989 email Karen.Milley@easternhealth.ca

Flu Prevention Begins With YOU!

-----Original Message-----
From: Alice Kennedy
Sent: Saturday, December 19, 2015 4:15PM
To: David Diamond <david.diamond@easternhealth.ca> ; Karen Milley <Karen.Milley@easternhealth.ca>
Subject: Fw: Hi

Sharing an email from a friend re Rapid Response.
Alice

Sent from my BlackBerry 10 smartphone on the Bell network.

-----Original Message-----
From: @ bellaliant.net>
Sent: Thursday, December 17, 2015 11:41 AM
To: Alice Kennedy
Subject: Hi

How are you stranger? I just wanted to tell you that my [redacted] has been quite ill and when [redacted] came home from hospital about 3 weeks ago, [redacted] was discharged with the support of the rapid response team. They were fantastic! Without their support I think my [redacted] would have died! [redacted] is getting much stronger. I thought I should share my feedback with you! Hope all is well. merry Christmas to you and [redacted].

Sent from my iPhone

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HI Dawn

Great that the CRRT has received this compliment regarding their services and to hear that the individual is doing much better. :-) 

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John’s, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

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FYI

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Primary Health Care Manager  
Eastern Health  
20 Cordage Place, PO Box 13122  
St. John's, NL A1B4A4  
PH: 752-4993 Fax: 752-4975  
dawn.gallant@easternhealth.ca

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Dawn

Dawn Gallant RN, BN, CCHN(C)  
Primary Health Care Manager  
Eastern Health  
20 Cordage Place, PO Box 13122  
St. John's, NL A1B4A4  
PH: 752-4993 Fax: 752-4975  
dawn.gallant@easternhealth.ca
-----Original Message-----
From: Karen Milley
Sent: Monday, December 21, 2015 7:58 AM
Subject: FW: Hi

FYI

Karen Milley
Regional Director Home & Community Care & Public Health Eastern Health Mt Pearl Square, Phone 709 752-4520
Fax 709 752-4989 email Karen.Milley@easternhealth.ca

Flu Prevention Begins With YOU!

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Sent: Saturday, December 19, 2015 4:15 PM
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Subject: Fw: Hi

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Alice

Sent from my BlackBerry 10 smartphone on the Bell network.

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From: <bellalient.net>
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To: Alice Kennedy
Subject: Hi

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Sent from my iPhone

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HI Donna,

Here are the stats for CB/Massey Drive/Meadows/Benoits Cove. We compared them to CRRT in CRMS. Only 3 were ever on the CRRT caseload.

Joy

---

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Friday, December 11, 2015 2:19 PM
To: Davis, Joy
Subject: RE: Divert

Yes, that piece of information would be helpful as well.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

---

From: Davis, Joy [mailto:joydavis@westernhealth.nl.ca]
Sent: Friday, December 11, 2015 1:54 PM
To: Mushrow, Donna
Subject: RE: Divert

What about this get the list completed and see if they are present on the Rapid response caseload? Only 1 appears thus far but not reliable.

---

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Friday, December 11, 2015 1:43 PM
To: Davis, Joy
Subject: RE: Divert

Great that you have found a correlation. True it is interesting that those cases are under the care of social workers....wonder what the visit frequency is?

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
From: Davis, Joy [mailto:joydavis@westernhealth.nl.ca]
Sent: Friday, December 11, 2015 1:38 PM
To: Mushrow, Donna
Subject: Divert

HI,

I think I find a correlation that will help me find the divert scales—the Chess score!!

Got a report using it to find clients, the higher the chess score the higher the diverts score thus far.

Interesting point thus far they are under the care of SW’s.

joy.

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Friday, December 11, 2015 9:48 AM
To: Davis, Joy
Subject: REGISTRATION CIHI Care Planning WCs for NL Nov 6 and 9 2015.xlsx

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Please find attached the minutes from the most recent meeting and the agenda for the next meeting that is scheduled for January 19, 2016.

Many thanks to Karen Nolan for her assistance with the minutes. 😊

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
Thanks Natalie

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Natalie Reardon [mailto:Natalie.Reardon@nlchi.nl.ca]
Sent: Monday, December 14, 2015 8:29 AM
To: kimlidstone@westernhealth.nl.ca; Nicole.Halliday@easternhealth.ca; gina.sheppard@centralhealth.nl.ca; Nicole Gill; Mushrow, Donna; 'Elizabeth.Kennedy@easternhealth.ca'; Welsh, Darlene; lisa.white@centralhealth.nl.ca
Subject: Updated Consent Form for Evaluation of CRRT
Attachment #9

Hello Everyone,

As discussed in our last meeting, I updated the consent form for clients to participate/be contacted as part of the evaluation of this initiative. The form you were using previously had Karly Hamilton's contact information—the form has been updated with my contact information. That is the only revisions to the form.

Please use attached form on a go-forward basis.

Thank you!
Hello Everyone,

We had an Evaluation Steering Committee today discussing the CRRT initiative. To date we have received only 36 surveys from clients regarding their experience with the program. It is important that we focus on increasing the uptake to our survey as this feedback is quite valuable to the evaluation of this pilot.

We have a revised survey tool that we would like you to print and provide to clients that allows us to break down the feedback based on regional health authority (See attached). We also created an electronic link to give clients the option of completing the survey online and this link is on the updated survey: https://www.research.net/r/nlchi-ccrt

I am also writing to see if there are any surveys at your site waiting to be returned— I believe there were 400 surveys in total mailed out to support the evaluation of this initiative. If you could forward me any completed surveys— that would be great!~*~

If you have any questions or would like to discuss this project with me, please do not hesitate to get in touch with me.

Looking forward to hearing from you ☺

-Natalie

**Natalie Reardon, MASP, BSc.**
Program Evaluation Consultant
Health Analytics and Evaluation Services
Phone: (709) 752-6125
E-mail: natalie.reardon@nlchi.nl.ca

and Labrador Centre for Health Information and will be working on the evaluation of the Community Rapid Response Teams Initiative. Previous to this new position, I worked as Manager of Planning & Evaluation for Central Health so I am already familiar with some of you and I am excited to keep in touch— for those of you who I have not yet met—— I look forward to working with you over the coming months on this project.

During our last teleconference— we discussed the ability to break down the Client Satisfaction Survey based on Regional Health Authority— so we added a question to capture this information on the survey tool. We also created an electronic link to give clients the option of completing the survey online: https://www.research.net/r/nlchi-ccrt
The beauty of having an electronic link is that if you are receiving paper surveys at your site---you can click on the link and enter them if you like rather than mailing them back to us. It is entirely up to you to decide which method you would prefer. If you need me to walk you through entering a paper survey using the link—I would be more than happy to discuss over the phone while you test it out.

I am also writing to see if there are any surveys at your site waiting to be returned---to date we have received 24 completed surveys—I believe there were 400 surveys in total mailed out to support the evaluation of this initiative. So feel free to enter them electronically or mail them back to me when you get a chance as we are eager to share the feedback with each site.

Attached is the revised paper copy of the survey to support the evaluation of this initiative---I would encourage you to use this version instead---these can be printed and handed to the client during their 2nd last or last visit in the home by the Community Health Nurses.

If you have any questions or would like to discuss this project with me, please do not hesitate to get in touch with me.

Looking forward to hearing from you ☺

-Natalie

Natalie Reardon, MASP, BSc.
Program Evaluation Consultant
Health Analytics and Evaluation Services
Phone: (709) 752-6125
E-mail: natalie.reardon@nlchi.nl.ca
Yes, that piece of information would be helpful as well.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

What about this get the list completed and see if they are present on the Rapid response caseload? Only 1 appears thus far but not reliable.

Great that you have found a correlation. True it is interesting that those cases are under the care of social workers....wonder what the visit frequency is?

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

HI,
I think I find a correlation that will help me find the divert scales—the Chess score!!

Got a report using it to find clients, the higher the chess score the higher the diverts score thus far.

Interesting point thus far they are under the care of SW's.

joy.

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Friday, December 11, 2015 9:48 AM
To: Davis, Joy
Subject: REGISTRATION CIHI Care Planning WC for NL Nov 6 and 9 2015.xlsx

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Hi Natalie

Please see attached evaluation with a few comments.

Thanks

Annette

---

From: Mushrow, Donna
Sent: Thursday, December 10, 2015 4:06 PM
To: Bridgeman, Annette
Cc: Natalie Reardon (Natalie.Reardon@nlchi.nl.ca)
Subject: RE:

I have copied Natalie so you can pick her up.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

---

From: Bridgeman, Annette
Sent: Thursday, December 10, 2015 3:56 PM
To: Mushrow, Donna
Subject: Can you send me Natalie’s email?

Annette Bridgeman
Director Long Term Care Community Support Services (A)
Department of Health & Community Services
P.O. Box 8700
St.John’s NL
Tel: 709 729 7628 Fax: 709 729 4009
annettebridgeman@gov.nl.ca
Decision Note signed by Deputy Minister for appropriate action. It is in TRIM as DOC-22983. Should you require a paper copy, please ask your ADM secretary to print for you.

Elaine

Elaine Power
Secretary to Deputy Minister
Department of Health and Community Services
Main Floor, West Block, Confederation Building
P.O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-3125 Fax: (709) 729-0121
Email: epower@gov.nl.ca
Thanks Dion for the speedy response.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

No problem...I apologize for the spelling typos.

Regards,
Dion Brophy MN, NP(PHC)
Nurse Practitioner
Community Rapid Response Team
Central Newfoundland Regional Health Centre
Grand Falls-Windsor, NL
Tele: (709) 292-2969
Dion.Brophy@centralhealth.nl.ca

Stats to date:

---

Sent from my BlackBerry 10 smartphone on the TELUS network.
142 referrals received
92 clients have received CRRT services
8 have refused services
24 excluded for requiring higher level of care
18 excluded for "other" reasons (primarily for being outside catchment area)

Regards,
Dion Brophy MN, NP(PhC)
Nurse Practitioner
Community Rapid Response Team
Central Newfoundland Regional Health Centre
Grand Falls-Windsor, NL
Tele: (709) 292-2969
Dion.Brophy@centralhealth.nl.ca

From: Kean, Sueann
Sent: November 19, 2015 4:15 PM
To: Brophy, Dion; Sheppard, Gina
Subject: Fw: CRRT Numbers to date

Dion
Both Gina and I are away tomorrow. Are you able to pull this together for the department of health.
Sueann.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Mushrow, Donna <DonnaMushrow@gov.nl.ca>
Sent: Thursday, November 19, 2015 1:52 PM
To: Priddle, Tammy; Kean, Sueann
Subject: CRRT Numbers to date

Hi Sueann and Tammy

Wondering if you can provide the following 2 data components for the CRRT:

- Clients that have been accepted and received CRRT service to date
- Individuals that have refused or have been screened out for CRRT services.

Can you let me know if this is possible for midday tomorrow?

Many Thanks
Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

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As requested Donna. 😊

Update for each respective year on the Community Rapid Response Teams work that has been accomplished as it related to the evaluation matrix and the narrative report?
For each of reference, I've highlighted the three sections that require updating for each of the two fiscal years.
We would appreciate having this information by Friday.
Thanks so much,
Janice
Can you send to me?  

Attachment #12

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John’s, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

---

From: Sanger, Janice  
Sent: Tuesday, November 17, 2015 3:41 PM  
To: Mushrow, Donna  
Subject: RE: Annual Monitoring Report - Emergency Department Strategy.DOC

Yes I sent it to Annette.

---

From: Mushrow, Donna  
Sent: Tuesday, November 17, 2015 3:40 PM  
To: Sanger, Janice; Pittman, Rick  
Subject: RE: Annual Monitoring Report - Emergency Department Strategy.DOC

Is there a document for reference?

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John’s, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

---

From: Sanger, Janice  
Sent: Tuesday, November 17, 2015 3:34 PM  
To: Pittman, Rick  
Cc: Mushrow, Donna  
Subject: FW: Annual Monitoring Report - Emergency Department Strategy.DOC

Rick, see below, Donna has been asked to follow up with us on this request.  
Janice
Donna could you follow up?
Thx

Could you please provide us with an update for each respective year on the Community Rapid Response Teams work that has been accomplished as it related to the evaluation matrix and the narrative report? For each of reference, I’ve highlighted the three sections that require updating for each of the two fiscal years.
We would appreciate having this information by Friday.
Thanks so much,
Janice
Please find attached the minutes form the previous meeting and an agenda for today. If you have additional items for today’s agenda. Feel free to send them along to me.

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
In summary what we have now:

RRT
.5 OT
.5 PPT
1 CHN I
1 CHN II
1 NP

1-CHN 1 Enhanced

We would like in the future to have
Sorry for confusion, thanks.

Tammy Priddle
Regional Director Community Support
709-637-5000 ext: 5322
tammypriddle@westernhealth.nl.ca
P.O. Box 2005
Corner Brook, NL
A2H 6J7

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Hi Donna.

Attached is a briefing note requesting a Social work resource for the Eastern Health Community Rapid Response Team.

Thx
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

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Yes for sure, you to

From: Priddle, Tammy [mailto:tammypriddle@westernhealth.nl.ca]
Sent: Monday, September 21, 2015 8:33 AM
To: Bridgeman, Annette
Subject: Re: CRRT-CHN

Totally we are really trying to make things work with what we have although it is very challenging as I am sure you are very aware of. Thanks and hope you have a good week.

Tammy Priddle
Regional Director Community Support
Western Health
709-637-5000 ext 5322

From: Bridgeman, Annette [mailto:AnnetteBridgeman@gov.nl.ca]
Sent: Monday, September 21, 2015 08:30 AM Newfoundland Standard Time
To: Priddle, Tammy
Subject: RE: CRRT-CHN

Yes it does make sense and the most efficient use of resources,

From: Priddle, Tammy [mailto:tammypriddle@westernhealth.nl.ca]
Sent: Monday, September 21, 2015 8:29 AM
To: Bridgeman, Annette
Subject: Re: CRRT-CHN

Tammy Priddle
Regional Director Community Support
Western Health
709-637-5000 ext 5322

From: Bridgeman, Annette [mailto:AnnetteBridgeman@gov.nl.ca]
Sent: Monday, September 21, 2015 08:26 AM Newfoundland Standard Time
To: Priddle, Tammy; Mushrow, Donna <DonnaMushrow@gov.nl.ca>
Cc: Waddleton, Deena <DeenaWaddleton@gov.nl.ca>
Subject: RE: CRRT-CHN

OK Tammy, I get what you’re saying, I did run some of the scenarios by Angie and we will put it forward in a decision note, it does depend somewhat on the recommendations around enhanced which is not completely determined what that might look like in the future. As we know more we will be able to advise on this better

Annette
Hi

In summary what we have now:

RRT
.5 OT
.5 PT
1 CHN I
1 CHN II
1 NP
1-CHN 1 Enhanced

We would like in the future to have

Sorry for confusion, thanks.

Tammy Priddle
Regional Director Community Support
709-637-5000 ext: 5322
tammypriddle@westernhealth.nl.ca
P.O. Box 2005
Corner Brook, NL
A2H 6J7
Sorry...minutes here

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John's, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

Hi All

Please see the agenda for this afternoon as well as the minutes from the last meeting.

Donna

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John’s, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca
Great news!

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Wednesday, September 16, 2015 10:57 AM
To: Aisling Neville; Barbara Wells; Carmen Boland; Dawn Gallant; Fatima Mansaray; Jennifer Williams; Julie Johnson; Lori Dalton; Maire NicNiocaill; Margot Antle; Nancy Hicks; Nicole Halliday
Cc: Karen Milley; Mushrow, Donna
Subject: Home Support Clients - Serenity Home Care
Importance: High

Hi Everyone

I spoke with [redacted] yesterday from Serenity Home Care. [redacted] advised me that Serenity will now be accepting clients from the Community Rapid Response Team beginning today. You should already have their contact information.

Thx
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John's, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

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Hi All

Please find attached the first summary of the client satisfaction survey results.

We will add for discussion at our meeting later this week.

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

Hi Donna,

We have pulled together a summary of the feedback received thus far from the client satisfaction surveys for the CCRT project. We can provide these on a bi-monthly basis going forward.

We have a new Program Evaluation Consultant, Natalie Reardon, starting on Monday. Natalie was the Manager of Evaluation at Central Health and brings much energy and experience to the Centre. This project will be one of Natalie's priorities and we will get back to picking up where Karly left off on the evaluation activities - starting with an evaluation working group meeting hopefully later this month or early next. At some point in the next few weeks I'd like Natalie to meet you. She will likely also be involved in the Paid Family Caregiver work.

Thanks for being patient with us as we have dealt with our staffing issues!

Nicole

Nicole Gill
Thanks Donna;

I have also had a conversation with Annette re: staff compliment and how we maybe able to enhance our team with realignment of positions. I won't be able to attend the next meeting so I wanted to make sure you are aware of my discussion with Annette.

Thanks
Tammy

Tammy Priddle
Regional Director Community Support
709-637-5000 ext: 5322
tammypriddle@westernhealth.nl.ca
P.O. Box 2005
Corner Brook, NL
A2H 6J7

Hi

Thank you for your comments. I am happy to see your perspective that there are a number of individuals that are benefitting from the services of CRRT.

CRRT through small steps are having successes being realized. Obviously there is additional work to do in getting the whole system on board to help keep people in their own homes and communities.

I had a conversation with Karen Milley earlier this week regarding the staff compliment (social work/OT/PT). We will have a discussion at the meeting of the committee.

Based on the availability of CRRT resources, we may be able to consider looking at some clients in the community. I have attached a presentation regarding the new DIVERT Scale that is now included in our RAI-HC assessment. This may be another opportunity for us to explore eligibility for those with significant risk to present to Emergency Departments. At this point we have minimal data for DIVERT scales on NL clients assessed with RAI HC, as it was activated in June of this year. This is definitely a scale that we may need to consider.
Hi folks what seems like a small number of patients I believe is already having an impact on our ALC beds as these clients would have ended up in hospital and a large proportion would have been placed on the NH trajectory. This group is significant and I think the CRRT could make a positive impact in this area. Will be back on Sept 23rd to discuss further. thanks

Attached are the minutes for the previous meeting.
Please send along any agenda items for the next meeting.

Donna

Conference Call Information:
1-888-579-9842

Moderator

Participant

s.35(1)(g)

s.35(1)(g)

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Hi Liz

Thanks so much for sharing, great points. Too bad you will be away, can we connect at some point, before or after you are away?

Liz

---

From: Mushrow, Donna [DonnaMushrow@gov.nl.ca]
Sent: September 10, 2015 10:57 AM
To: Batstone, Angela E.; Bridgeman, Annette; 'Dawn Gallant'; 'Elizabeth Kennedy'; 'Karen Milley'; 'Sueann Kean@centralhealth.nl.ca'; nicole.gill@nlchi.nl.ca; Nolan, Karen; tammypriddle@westernhealth.nl.ca; tearafreake@westernhealth.nl.ca
Subject: RE: CRRT Steering Committee

Hi folks what seems like a small number of patients I believe is already having an impact on our ALC beds as these clients would have ended up in hospital and a large proportion would have been placed on the NH trajectorysof the group is signiﬁcant and I think the CRRT could make a positive impact in this area. Will be back on Sept 23rd to discuss further. Thanks.
Hi Annette

Yes, this is the version that we are going to move ahead to get approval. Let me know when you get the details.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Mushrow, Donna
Sent: Thursday, August 20, 2015 2:13 PM
To: Bridgeman, Annette
Subject: RE:

This is the final draft. It has not received any approval that I am aware of to date.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Bridgeman, Annette
Sent: Thursday, August 20, 2015 1:52 PM
To: Mushrow, Donna
Subject:

Donna is the community rapid response evaluation plan in a final document?
Annette Bridgeman
Director LTC CSS (Acting)
Department of Health & Community Services
P.O. Box 8700
St. John’s, NL
This is the final draft. It has not received any approval that I am aware of to date.

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John’s, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

Donna is the community rapid response evaluation plan in a final document?  
Annette Bridgeman  
Director LTC CSS (Acting)  
Department of Health & Community Services  
P.O. Box 8700  
St. John’s, NL  
Tel: 709 729 7628 Fax: 709 729 4009  
annettebridgeman@gov.nl.ca
Hi Angie

This information is in follow-up to the Minister’s question, noted below, about Community Rapid Response Teams (CRRT):

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

s.29(1)(a)
Hi Debbie

Please arrange to get me a copy?

Thanks

Donna

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John’s, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

Minister Kent has signed the above Decision Note for appropriate action. Please see his question on page 2. It has been trimmed as DOC-19514. Should you require a signed copy, please see your ADM Secretary to print for you.  

Thanks  

Colleen
Hi Kathy

Wondering if there is anything further related to this previous discussion on short term home support?

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John’s, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

Karen Milley and I have discussed with acute care but there is resistance to acute care following the processes followed by rural. The HCCP is in agreement with taking on the accountability and the budget being transferred to HCCP. However acute care has yet to agree to this process change. It is being viewed as a possible restriction on a service that is already in high demand. I do not view it in that light, but rather see an opportunity for improved service for those clients who truly need the support. I am discussing with our VP later this month. Will keep you posted.

Hi Kathy

I agree that clients should be assessed as needing a support before providing the service.

If there are any changes, let me know how it goes for attaching the accountability to those who are implementing the service.

Donna Mushrow  
Policy Consultant for Seniors and Home Care
In Rural Avalon, the short term home supports are provided through the basket of services (HCC program). Clients are clinically assessed to determine their support need, the financial or liquid asset is assessed and the required home support provided. This is the preferred process as only those clients who have been assessed as needing home support will receive this support. We are in the process of working with acute care in urban in an effort to adhere to the Rural Avalon process. Needless to say, acute care is hesitant to change this process. Currently urban facilities will offer short term home supports in order to facilitate discharge, however home supports may not be warranted in all cases. Also, I have always had an issue in this program because while the CSP pays the bill for short term home supports, it is acute care who drives the utilization. I do believe that the program that implements the service should be responsible and accountable for the budget. Call me if you want to discuss.

Katherine Turner
Director, Community Support Program
Eastern Health
146 Elizabeth Avenue
St. John’s, NL, A1B 1S5
Phone: 752-8764
Katherine.turner@easternhealth.ca

Hi Kathy

Happy New Year!

Just wanting to confirm that the short term program is now consistent across all of Eastern with 28 hours for a 2 week period?

I will fix the “emergency situation” bullet.
I agree that there is merit in a 6 weeks of post-operative restorative and supportive care as a component of a Home First Strategy and partnering with the Community Rapid Response (CRRT) is a possibility. Additionally, we have been supporting you Home First budget request. However, there is currently no ability to provide the level of home support that would be required for either of these enhancements using the home support funding that was provided through the CRRT.

Thanks for your clarification and feedback... I'm sure that we will be chatting again soon.

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Katherine Turner [mailto:Katherine.Turner@easternhealth.ca]
Sent: Monday, January 05, 2015 10:57 AM
To: Mushrow, Donna
Subject: Short Term Home Supports Document

Donna,
In response to your request for feedback on the DHCS Short term Home Support Document, I offer the following comments:

1. As discussed in our previous provincial meetings, the first bullet on page one is incorrect. In the Eastern Region, short term home supports are provided for 28 hours over a 2 week period (not 28 hours per week for a 2 week period)
2. The first bullet on top of the second page is incorrect. In the Eastern Region, 48 hours are provided for up to 3 days for emergency situations (not 48 hours for 2 days)

In consultation with acute and community services, it is clearly identified that short term home support is needed to transition patients back to their home environment, however there is a great need for post-operative home supports for patients (especially Orthopedic patients) who can be discharged from the hospital, but require up to 6 weeks of post-operative restorative and supportive care. The longer these patients remain in hospital, the more receptive they are to falls, infections and physical decline. Some extended stay patients and families will also give up the idea of having their family member return home, and will resort to LTC placement. As you and I have discussed before, I see an opportunity for a Home First Strategy that combines with the work of the Rapid Response Teams and partners with acute care to discharge patients home with extended home supports for up to 3 months, before LTC placement is facilitated.
I am available to discuss.
Katherine Turner  
Director, Community Support Program  
Eastern Health  
146 Elizabeth Avenue  
St. John's, NL, A1B 1S5  
Phone: 752-8764  
Katherine.turner@easternhealth.ca

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The agreed target population for implementation was:
- On the trajectory for in-patient admission
- Primarily, 65 years and older
- Medically stable
- Multiple medical problems
- Taking multiple medications
- Presented due to a fall
- Acute delirium that has been stabilized through intervention
- Common diagnosis such as urinary tract infection or congestive heart failure
- Presents due to caregiver burnout

The expansion included:

- any individual 18 years of age or over when their needs can be met within the available resources and within the timeframe for services to:
  - Facilitate earlier discharge from acute care thus preventing individuals from becoming designated as Alternate Level of Care.
  - Facilitate discharge of individuals designated as Alternate Level of Care.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
The intent is to survey all of the participants over the pilot period of 18 months.

NLCHI will prepare the survey.

We are thinking that it will be provided by the RHA staff that are providing the service to the client with a prepaid envelope to provide their feedback.

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John's, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

Sorry. I don’t understand. Do we know how many surveys NLCHI will send out and during what timeframe? Is the intent to send a survey to every person that receives services?

Karen Stone B.A. LL.B  
Assistant Deputy Minister (Policy and Planning)  
Department of Health and Community Services  
15th Floor, West Block, Confederation Building  
Government of Newfoundland and Labrador  
PO Box 8700, St. John's, NL A1B 4J6  
709 729-3103 (b)  
karens@gov.nl.ca

NLCHI does not have access to the postage system that you would only have to pay for those surveys that are returned. Hence, postage would have to be paid for all of the surveys that are distributed. The rate would be $0.77 per envelope.

To date there have been ~200 individuals that have received services. If uptake increased, the
maximum uptake that I would see 1000-1200 individuals. Based on the higher number, the cost would be ~$900.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John's, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Batstone, Angela E.
Sent: Tuesday, May 12, 2015 2:51 PM
To: Stone, Karen M.
Cc: Mushrow, Donna
Subject: Re: Cost of postage for survey

Donna,

I think you said the return postage would be approximately $300-$500 correct?

Angie
Sent from my BlackBerry 10 smartphone on the Bell network.

From: Stone, Karen M.
Sent: Tuesday, May 12, 2015 1:01 PM
To: Batstone, Angela E.
Subject: Re: Cost of postage for survey

How much will it cost?

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Batstone, Angela E.
Sent: Tuesday, May 12, 2015 12:55 PM
To: Stone, Karen M.
Cc: Mushrow, Donna
Subject: Cost of postage for survey

In follow up to our conversation this morning, Donna spoke with NLCHI earlier about this and they indicated they didn’t have the funding to support the postage required for the survey returns.

Not sure if I mentioned the survey is a part of the evaluation of the Community Rapid Response initiative.

Angie
Angie Batstone, Director
Long Term Care and Community Supports
Department of Health and Community Services
Phone: (709) 729-3120
Fax: (709) 729-4009
Email: angelabatstone@gov.nl.ca
Minister Kent has signed the above Decision Note for appropriate action. It has been trimmed as DOC-16968. Should you require a signed copy, please see your ADM Secretary to print for you.

Attachment #21

Thanks

Colleen
Hi Rod,

Here is some information on the Community Rapid Response Initiative. Please feel free to drop by for a chat if there is further information, clarification or you want to get a general feel for this initiative.

Donna

- The consultation completed for Close to Home: A Strategy for Long Term Care and Community Support Services indicated that seniors want to remain in their home and communities, and there is evidence to suggest that providing care at home is a cost-effective alternative to acute and long term care.

- The Department initially announced two Community Rapid Response Teams (CRRTs) with the release of the Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador 2012. For these teams, Budget 2012 committed $491,500 in one-time funding to support two pilot sites (total of $2,045,500 in one-time funding). Further, Budget 2013 invested an additional $1.6 million of base funding to expand the implementation of the pilot project from two sites to four.

- The CRRTs is a pilot of a strengthened and structured partnership between home and community services and the Emergency Department (ED) at four sites in the province; Health Science Center and St. Clare's Mercy Hospital in St. John's, Central Newfoundland Regional Health Center in Grand Falls Windsor and Western Memorial Hospital in Corner Brook. The RHAs were consulted regarding the location of the teams.

- The Eastern Health Teams began in September 2014 and the teams at Central and Western Health started to accept referrals in November 2014. The teams accept and initiate referrals during regular business hours Monday through Friday.

- CRRTs provide a higher level of care and enhanced support for individuals by assisting those individuals to return home following their presentation to an ED, thus avoiding hospitalization where possible or re-presentation to the ED.

- Studies show that hospitalized older individuals with multiple medical problems are at significant risk of losing functional ability. The maintenance of functional ability with activities of daily living such as bathing, dressing, feeding and mobility are critical to the ability of seniors to remain in the own home and community.

- The goal is to have a positive impact on emergency room and acute care inpatient bed utilization as clients are provided with effective, efficient and quality care in their own home.
• A Steering Committee for this initiative worked closely with 3 RHA Working Groups to finalize eligibility criteria, referral processes, assessment tools, communication plans, staffing, geographic coverage and access for home support. An evaluation framework for the pilot project is being led by the Newfoundland Center for Health Information (NLCHI).

• Based on information gathered from an analysis of provincial data, a Canadian jurisdictional scan of similar initiatives and work of the Steering Committee, the agreed target population for implementation was:
  o On the trajectory for in-patient admission
  o Primarily, 65 years and older
  o Medically stable
  o Multiple medical problems
  o Taking multiple medications
  o Presented due to a fall
  o Acute delirium that has been stabilized through intervention
  o Common diagnosis such as urinary tract infection or congestive heart failure
  o Presents due to caregiver burnout

• The assessment and care plan development considers that these individuals can be supported with enhanced home care as they transition to a lower level care requirement that is manageable within the routine home care service that is available in their community.

Resources
• The Human Resources for each CCRT is comprised of:
  o 2 FTE community health nurses (CHN)
  o 1 FTE nurse practitioner (NP)
  o 0.5 FTE physiotherapist (PT)
  o 0.5 FTE occupational therapist (OT)
  o 1 FTE administrative support

• Through this initiative clients are provided with short term enhanced services at home that may include:
  o Increased nursing support, intensive occupational and/or physical therapy, and home visiting from a family physician/nurse practitioner, equipment and/or supplies that are required to facilitate recovery for a 30 day period.
  o Increased home support up to 168 hours over a fourteen day period following acceptance to the program.

• Physicians in the EDs are responsible for the medical assessment of potential clients. Family physicians will be engaged to provide visits to the client in their home as necessary, where available.

• The placement of a CHN, with extensive knowledge and understanding of community services and programs, in these EDs facilitates the discharge of clients that may have been previously admitted to hospital to return home to recover. The CHN is responsible for the assessment of clients in the ED to determine service needs and to
complete the initial care plan to enable the client to transition home. The second CHN position in each team will provide capacity to enhance services for these clients in the community setting.

- The NP will provide medical support to clients that are registered under this initiative to ensure that additional workload impacts to family physicians is minimal.

- The OT and PT resources are provided to enable independence and physical mobility capacity for the clients through therapy and equipment.

- The administrative support position creates capacity for referral acceptance, support for the clinical team as well as have a primary role in data collection and submission to support the evaluation. Additionally, the support person facilitates communication with the client's family physician providing notification that their client is being seen through the CRRT.

- The home support and access to equipment/supplies are provided to the client without financial assessment or client contribution for the specified periods. As the need for home support is immediate and for a short period of time, it is provided through the Agency option only.

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John's, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

From: Drover, Rodney C  
Sent: Thursday, April 09, 2015 9:57 AM  
To: Batstone, Angela E.; Mushrow, Donna  
Cc: Tompkins, John  
Subject: RE: Community Rapid Response

Thanks Angie. Donna – can you provide what you have when you have a chance?

Thanks :)  

From: Batstone, Angela E.  
Sent: Thursday, April 09, 2015 9:33 AM  
To: Drover, Rodney C  
Cc: Tompkins, John; Mushrow, Donna  
Subject: RE: Community Rapid Response

We can, Donna Mushrow can provide you with an update. I think she already prepared something for Blair
Hey Angie – are we in a position to give an update on the Community Rapid Response Program via news release next week?

Thanks

Rod

_________________________________________________________

Rod Drover
Communications Manager
Department of Health and Community Services
Government of Newfoundland and Labrador
rodneycdrover@gov.nl.ca
t: 709.729.6986 | c: 709.730.4607
Hi Angie

Further to your request for expansion of CRRT criteria at CH, we recommend the following:

Cheers,

Anne Rowsell, Regional Director
Home and Ambulatory Services

The minutes aren't drafted yet. EH suggested targeting ALC those clients that could be serviced within CRRT services.

WH suggested accepting referrals from select GPS in the community.

Sent from my BlackBerry 10 smartphone on the Bell network.

Can you forward me the minutes if the meeting on Monday?... we're there new suggestions from
the other two RHA's...?

Cheers,
Anne Rowsell, Regional Director
Home and Ambulatory Services

From: Batstone, Angela E.
Sent: Wednesday, March 25, 2015 8:32 AM
To: Rowsell, Anne
Subject: Re: Expansion of CRRT target group

Not available for a call, in a meeting. Can you email me the information?

Angie

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Rowsell, Anne
Sent: Wednesday, March 25, 2015 9:58 AM
To: Batstone, Angela E.; Carroll, Mimie
Cc: Mushrow, Donna
Subject: Re: Expansion of CRRT target group

Hi Angie,

I am in Toronto and did not make the meeting...however would.. be happy to have a telephone conversation in the next hour or so..

Cheers,
Anne Rowsell, Regional Director
Home and Ambulatory Services

From: Batstone, Angela E.
Sent: Wednesday, March 25, 2015 8:25 AM
To: Carroll, Mimie; Rowsell, Anne
Cc: Mushrow, Donna
Subject: Expansion of CRRT target group

Good morning,

At the last CRRT meeting held on Monday we discussed expansion of the CRRT target group. We received input from EH and WH, however, as there was no representation from CH at the meeting I am following up to see what type of expansion CH would support.

Please let me know asap as we are drafting a note to put forward to executive for approval of expansion. Thanks!

Angie

Angie Batstone, Director
Long Term Care and Community Supports
Department of Health and Community Services
Phone: (709) 729-3120
Fax: (709) 729-4009
Email: angelabatstone@gov.nl.ca

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From: Batstone, Angela E. [mailto:angelabatstone@gov.nl.ca]
Sent: Wednesday, March 25, 2015 10:29 AM
To: Rowsell, Anne
Cc: Carroll, Mimie
Subject: Re: Expansion of CRRT target group

The minutes aren’t drafted yet. EH Suggested targeting ALC those clients that could be serviced within CRRT services.

WH Suggested accepting referrals from select GPS in the community.

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Rowsell, Anne
Sent: Wednesday, March 25, 2015 10:07 AM
To: Batstone, Angela E.
Subject: Re: Expansion of CRRT target group

Can u forward me the minutes if the meeting on Monday?...we’re there new suggestions from the other two RHA’s...?
From: Mushrow, Donna
To: Humphries, Debbie
Subject: Donna Update for minutes
Date: Friday, March 13, 2015 3:56:28 PM

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
Hi Larry

I am thinking that NLMA be the route of choice to share general information regarding Community Rapid Response Teams. Here is some suggested wording that we can discuss if you wish.

The Community Rapid Response Team is a pilot project of strengthened and structured partnership between home and community services and the emergency departments and provide service from:
- Central Newfoundland Regional Health Centre in Grand Falls-Windsor;
- Health Sciences Centre;
- St. Clare’s Mercy Hospital; and,
- Western Memorial Regional Hospital in Corner Brook.

These teams, comprised of health professionals, assess patients at emergency departments to determine if medically stable patients can return home safely with enhanced community-based services such as increased nursing care, priority access to occupational and physical therapy, short term home support and/or access to equipment, thereby avoiding admission to hospital.

The two teams in Eastern Health started in operation in September 2014 and the teams in both Central Health and Western started to serve clients in November 2014. A Provincial Steering Committee that includes physician representation is working with the RHA leadership to operationalize the teams.

The goal of the pilot is to provide quality, cost effective care to seniors in their own home as an alternative to acute or long term care. Eligible individuals who present at these emergency departments may receive enhanced levels of care/service in the community setting to facilitate recovery at home by restoring/maintaining client independence and function. It is anticipated that this initiative will have a positive impact on the emergency department wait times and acute care utilization/services as care will be provided in the home/community environment.

While the formal Community Rapid Response Team may involve Community Health Nurses, a Nurse Practitioner, an Occupational Therapist, a Physiotherapist and Home Support Workers, others including family physicians are important to the holistic care of seniors. If your patient meets program criteria and is receiving enhanced services through the pilot project,
you will be contacted by a member of the Community Rapid Response Team.

Funding for the 18 month pilot projects has been provided by the Department of Health and Community Services to support Close to Home: A Strategy for Long Term Care and Community Support Services.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Alteen, Larry
Sent: Tuesday, February 17, 2015 9:37 AM
To: 'Dawn Gallant'
Cc: Mushrow, Donna; Batstone, Angela E.
Subject: RE: Community Rapid Response Team (CRRT) Steering Committee follow-up

Hi Dawn,

While I see value in this approach I still wonder if there should be a generic notification sent out to all family physician regarding the program. In that way if they should get a phone call from the team they will at least have a basic understanding of the program. Perhaps a notification through the NLMA is of benefit and perhaps something that goes out from the VPs of Medicine as well.

L

From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Tuesday, January 13, 2015 2:51 PM
To: Alteen, Larry
Cc: Mushrow, Donna
Subject: RE: Community Rapid Response Team (CRRT) Steering Committee follow-up

Hi Dr. Alteen,

I left you a voice mail this morning. We have changed the approach with notification of physicians about the Community Rapid Response Team program in that we are notifying physicians individually as clients are admitted to the program. As individual clients accept the program each client's physician is notified by phone & by letter. A discharge letter is sent to the client's physician upon discharge form the program that contains a brief report from each discipline and follow-up recommendations for the physician.

The admission letter gives a brief overview of the Pilot program. Please let me know if you have any
questions or if you would prefer we notify physicians as a group through the NLMA. We have had an overall positive response to the individualized approach from physicians so far.

I have attached the admission & discharge letter for your reference. Central & Western Regions are also using the attached letters for physicians in those regions.

Dawn
Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Alteen, Larry [mailto:LarryAlteen@gov.nl.ca]
Sent: Tuesday, January 13, 2015 10:03 AM
To: Dawn Gallant
Cc: Mushrow, Donna
Subject: RE: Community Rapid Response Team (CRRT) Steering Committee follow-up

Dawn/Donna,

I am OK with this. We will need to modify for each of the RHAs. I assume that I will need to sign each of them. If so please prepare for my signature and I will distribute via the VPs Medicine and ask the NLMA to distribute a generic version of this to the GP community at large.

L

From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Wednesday, October 08, 2014 1:37 PM
To: Alteen, Larry
Cc: Mushrow, Donna
Subject: RE: Community Rapid Response Team (CRRT) Steering Committee follow-up

Hi Dr. Alteen

In follow-up to the email below that Donna sent you I am sending you a suggested script that could be used to inform physicians about the Community Rapid Response Team. When you have a chance can you please connect with me to discuss? My contact information is below.

Thank-you
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Tuesday, September 23, 2014 3:21 PM
To: Alteen, Larry
Cc: Dawn Gallant
Subject: Community Rapid Response Team (CRRT) Steering Committee follow-up

Hi Larry

In follow-up to the recent CRRT Steering Committee and I am connecting you with Dawn to get messaging to physicians about CRRT.

While Dawn is the connection for Eastern, mechanisms for the Central and Western Health catchment areas also needs to be considered.

I believe that you were going to connect with Reece Bearnes to consider building a contact list.

Donna

Donna Mushrow  
Policy Consultant 
Long Term Care and Community Support Services 
Department of Health and Community Services 
Government of Newfoundland and Labrador 
P.O. Box 8700 
St. John’s, NL A1B 4J6 
Phone: (709) 729-7961 
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cooperation is appreciated. ***
Hi Donna & Karen

Please see some additional comments in green form Central.
Thx
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John's, NL A1B 4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

Hi Ladies. I have added a few more comments in GREEN. Would someone please send a final copy of this to me once it has been pulled together. I would like to have a copy of what is going forward at the meeting on Monday. Thanks
This is what I sent to the others..., please have a look and let me know if I missed anything... Western
made original recommendations in blue, Eastern is in Red, and Central is in green; 
There will be another one sent from them when this is edited and I will resend to you then.

Thanks

From: Sheppard, Gina
Sent: Thursday, February 19, 2015 4:26 PM
To: 'Collins, Cora'; Dawn Gallant
Subject: RE: call re CRRT Expansion of Eligibility Criteria

From: Collins, Cora [mailto:coracollins@westernhealth.nl.ca]
Sent: Thursday, February 19, 2015 3:50 PM
To: Dawn Gallant; Sheppard, Gina
Subject: RE: call re CRRT Expansion of Eligibility Criteria

From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: February 17, 2015 6:18 PM
To: Collins, Cora
Cc: Karen Milley
Subject: FW: call re CRRT Expansion of Eligibility Criteria

Hi Cora

Please see my responses below in red.

Thx

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B 4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Collins, Cora [mailto:coracollins@westernhealth.nl.ca]
Sent: Tuesday, February 17, 2015 12:56 PM
To: Dawn Gallant
Subject: RE: call

Dawn as per my phone message can you look down through the recommendations we put forward and let me know if you guys have already moved on some of these? Thanks Dawn

The following are recommendations to improve the accessibility of the CRRT to the senior
Hope this helps.

DAwn
Hi Cora- yes-call me at 709-752-4993
Thx
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B 4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Collins, Cora [mailto:coracollins@westernhealth.nl.ca]
Sent: Tuesday, February 17, 2015 11:56 AM
To: Dawn Gallant
Subject: call

Are you able to take a call from me? If so what is the best number?

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Hi Dawn

Just to note that we are aware of the situation where there are now 3 agencies in Eastern that are not taking CRRT clients. We are working through and will be in touch.

Please keep us advised regarding any other development.

Thanks
Dona

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
Hi Donna

Please see email below- now it is a total of 3 Home Support agencies that are not willing to service our CRRT clients (Rosemore, Serenity & Comfort Home Care). What is the status regarding alternate payment options? Any news yet? Just trying to prevent a potential negative impact on client service.

Thx
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John's, NL A1B 4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

Hi everyone, I was just informed by Rosemore Home Care that they will not be taking our clients until we agree to pay the extra 53 cents an hour.

Barbara Wells BN RN
Community Health Nurse
Community Rapid Response Team
Health Sciences Center Emergency Department
Ph. 777-8306
Barbara.wells@easternhealth.ca

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We will have a chat with Larry here.

Donna Mushrow  
Policy Consultant for Seniors and Home Care  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
St. John's, NL  
Telephone: 709-729-7961  
E-mail: DonnaMushrow@gov.nl.ca

From: Dawn Gallant  
Sent: Tuesday, February 17, 2015 6:22 PM  
To: Mushrow, Donna; Batstone, Angela E.  
Cc: Karen Milley  
Subject: FW: Community Rapid Response Team (CRRT) Steering Committee follow-up

Hi Donna/ Angie  

Please see Dr. Alteen’s response below- Donna, you & I discussed this in January when I originally sent Dr. Alteen the email. In view of pending changes to the program how do you want to proceed?  
Thx  
Dawn

Dawn Gallant RN, BN, CCHN(C)  
Primary Health Care Manager  
Eastern Health  
20 Cordage Place, PO Box 13122  
St. John's, NL A1B4A4  
PH: 752-4993 Fax: 752-4975  
dawn.gallant@easternhealth.ca

From: Alteen, Larry  
Sent: Tuesday, February 17, 2015 9:37 AM  
To: Dawn Gallant  
Cc: Mushrow, Donna; Batstone, Angela E.  
Subject: RE: Community Rapid Response Team (CRRT) Steering Committee follow-up

Hi Dawn,  

While I see value in this approach I still wonder if there should be a generic notification sent out to all family physician regarding the program. In that way if they should get a phone call from the team they will at least have a basic understanding of the program. Perhaps a notification thorough the
Thanks Nicole. Enjoy the extra day with the kids!

In light of today's weather and office closures we will reschedule this meeting.

Hi everyone,

Want to get our next meeting in everyone's calendars. The agenda and materials will be sent as soon as they are finalized.

Thanks,
Karly
Hi Donna

No – what is in the email below is all I have communicated – it was just to the CRRT team & CRRT working group.

Dawn

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Eastern Health
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PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

Hi Dawn

Have you done any wording in Eastern Health to share/communicate the addition of this criteria for eligibility?

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
Hi everyone

As you are aware the Community Rapid Response Team (CRRT) is currently underutilized. This is mainly due to a decrease in referrals from the Emergency departments for clients who present to emergency during daytime hours and who meet the eligibility criteria for the program. A current gap in service has been identified that there are clients who present to the emergency department after hours and on weekends who are discharged home without service as they do not meet eligibility for follow-up through existing Home & Community Care / Community Supports programs. These clients will often re-present to the emergency department at least once or several times. I have discussed this service gap with Donna Mushrow at the DOHCS a few weeks ago & again today & have proposed that we utilize the CRRT staff to assess & provide appropriate services to this population of clients under the CRRT program as long as the team as capacity to do so.

Donna has agreed to this proposal as she also recognizes this as a gap in service. We need to clearly incorporate this change into the evaluation of the program.

I would like to start this as soon as possible therefore I will meet with the CRRT staff to discuss a process / plan to implement this change & discuss the evaluation component with the evaluation committee.

Please let me know if you have any questions or concerns.

Thx
Dawn

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Primary Health Care Manager
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In follow up to our call this morning, Dawn had asked if EH should hold current planning and discussions with respect to optimal utilization of the CRRT. Please continue; as discussed, we will be drafting a note for Executive presenting the potential use of this team in the various regions. We will keep you posted.

Angie

Angie Batstone, Director
Long Term Care and Community Supports
Department of Health and Community Services
Phone: (709) 729-3120
Fax: (709) 729-4009
Email: angelabatstone@gov.nl.ca
Would you please arrange a quick conference call with the CRRT members to discuss potential changes to the eligibility criteria for the CRRTs? Once we have this discussion we will draft a BN for Denise outlining any recommended changes. I suggest we schedule it for early next week if we can.

Thanks!

A

Angie Batstone, Director
Long Term Care and Community Supports
Department of Health and Community Services
Phone: (709) 729-3120
Fax: (709) 729-4009
Email: angelabatstone@gov.nl.ca
Hi Trina

Thank you for your feedback. Based on your comments, revisions have been included for the submission.

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

Hi Donna:

PIAO has reviewed the draft submission, “Home First” and offers the following comments:
Thank you for the opportunity to review the submission during the drafting process. If you have any questions or comments, please let us know.

Regards,

tlc
Trina Caines, Program and Policy Development Specialist
Policy Innovation and Accountability Office
Office of the Executive Council
Government of Newfoundland and Labrador

t. 709.729.2204; www.policymarketplace.ca
Thanks. 😊

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
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Telephone: 709-729-7961
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Ok – so the average for 2 weeks per person is 101.4 hrs.

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dawn.gallant@easternhealth.ca

Is the average total use by client that has availed of HSS available?

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Wednesday, January 14, 2015 10:17 AM
To: Mushrow, Donna
Subject: Fw: HS average
Importance: High

Hi Donna

Please see below re average # hours a day home support for CRRT.
Dawn

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Nicole Halliday <Nicole.Halliday@easternhealth.ca>
Sent: Wednesday, January 14, 2015 9:42 AM
To: Dawn Gallant
Subject: HS average

Hi Dawn, on average, we are providing 5-6 hours a day. I can send you the spreadsheet if you need. Let me know
Nicole

Nicole Halliday
Community Rapid Response Team

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From: Dawn Gallant
To: Mushrow, Donna
Subject: RE: HS average
Date: Wednesday, January 14, 2015 10:56:09 AM

Yes- it is the average number of hours used by clients who have availed of home support services- it
does not include clients who did not receive home support.

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20 Cordage Place, PO Box 13122
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PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Wednesday, January 14, 2015 10:23 AM
To: Dawn Gallant
Subject: RE: HS average

Is the average total use by client that has availed of HSS available?

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Wednesday, January 14, 2015 10:17 AM
To: Mushrow, Donna
Subject: Fw: HS average
Importance: High

Hi Donna

Please see below re average # hours a day home support for CRRT.
Dawn

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Nicole Halliday <Nicole.Halliday@easternhealth.ca>
Sent: Wednesday, January 14, 2015 9:42 AM
To: Dawn Gallant
Subject: HS average

Pages removed- Same e-mails as previous page
Hi Donna

Below is an update for the Community Rapid Response Team as of today January 6, 2015.

Dec 8th
CRRT started to screen after hours referrals made to the CRRT in both HSC & St. Clare's emergency departments due to low number of referrals being received during working hours Mon to Fri.

- Total of 84 clients accepted to the CRRT since Sept 15th 2014.
- 11 of these 84 clients presented to the ER after hours or on weekends – 1 of the 11 after hours referrals was visited by the CRRT CHN & referred to the routine H&CC program for Social Work & Nursing service as that person presented to emergency 10 days earlier & was accepted to the CRRT in error.
- 46 of the 84 clients are receiving / have received home support services. No significant issues securing home support agencies overall – initially in September challenged finding agency for Bay Bulls area.
- 13 of the 84 clients were admitted to hospital while on the program or following discharge from the program (these are admissions that we know of).
- 8 of the 84 clients returned to the ER dept while on the program once or multiple times (these are visits that we know of). One additional client returned to the ER as a community emergency for placement 1 day after discharge from the Program at 30 days [redacted] received 24 & 12 hours / day home support for initial 10 days to 2 weeks then purchased 12 hours a day privately until funds were exhausted-lived alone & did not return to previous level of function).
- 3 clients were deceased either before they were seen by the team, while on the program or after discharge from the program.
- 16 of the 84 clients accepted to the CRRT are Personal Care Home residents who presented to the emergency department primarily as a result of a fall/s.
- CRRT CHN II at ST. Clare’s emerg accepted another position with Home & Community Care – position was posted Dec 19th – interviews scheduled for Jan 12th.

As we have discussed there have been no clients taken onto the program who were on the trajectory for hospital admission – all clients have been assessed by physicians as not stable enough to go home with the CRRT team / level of service.

Please let me know if you have any questions.
Thx
Dawn
Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John's, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca
Karen Milley and I have discussed with acute care but there is resistance to acute care following the processes followed by rural. The HCCP is in agreement with taking on the accountability and the budget being transferred to HCCP. However acute care has yet to agree to this process change. It is being viewed as a possible restriction on a service that is already in high demand. I do not view it in that light, but rather see an opportunity for improved service for those clients who truly need the support. I am discussing with our VP later this month. Will keep you posted.

Hi Kathy

I agree that clients should be assessed as needing a support before providing the service.

If there are any changes, let me know how it goes for attaching the accountability to those who are implementing the service.

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
Hi Kathy

Happy New Year!

Just wanting to confirm that the short term program is now consistent across all of Eastern with 28 hours for a 2 week period?

I will fix the “emergency situation” bullet.

I agree that there is merit in a 6 weeks of post-operative restorative and supportive care as a component of a Home First Strategy and partnering with the Community Rapid Response (CRRT) is a possibility. Additionally, we have been supporting you Home First budget request. However, there is currently no ability to provide the level of home support that would be required for either of these enhancements using the home support funding that was provided through the CRRT.

Thanks for your clarification and feedback... I’m sure that we will be chatting again soon.

Donna

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
From: Katherine Turner [mailto:Katherine.Turner@easternhealth.ca]  
Sent: Monday, January 05, 2015 10:57 AM  
To: Mushrow, Donna  
Subject: Short Term Home Supports Document

Donna,

In response to your request for feedback on the DHCS Short term Home Support Document, I offer the following comments:

1. As discussed in our previous provincial meetings, the first bullet on page one is incorrect. In the Eastern Region, short term home supports are provided for 28 hours over a 2 week period (not 28 hours per week for a 2 week period)

2. The first bullet on top of the second page is incorrect. In the Eastern Region, 48 hours are provided for up to 3 days for emergency situations (not 48 hours for 2 days)

In consultation with acute and community services, it is clearly identified that short term home support is needed to transition patients back to their home environment, however there is a great need for post-operative home supports for patients (especially Orthopedic patients) who can be discharged from the hospital, but require up to 6 weeks of post-operative restorative and supportive care. The longer these patients remain in hospital, the more receptive they are to falls, infections and physical decline. Some extended stay patients and families will also give up the idea of having their family member return home, and will resort to LTC placement. As you and I have discussed before, I see an opportunity for a Home First Strategy that combines with the work of the Rapid Response Teams and partners with acute care to discharge patients home with extended home supports for up to 3 months, before LTC placement is facilitated.

I am available to discuss.

Katherine Turner  
Director, Community Support Program  
Eastern Health  
146 Elizabeth Avenue  
St. John’s, NL, A1B 1S5  
Phone: 752-8764  
Katherine.turner@easternhealth.ca

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2014 E-Mails
Thank you Dawn and Roger. Great work. There are certainly benefits to the clients and the system. I am hopeful we will be able to expand this model in the future. When we meet in the New Year we will have further discussions on the activity to date.

Thanks to your team and your team.

I hope you have a great Christmas and I look forward to working together in the New Year.

Alice

Sent from my BlackBerry 10 smartphone on the Bell network.

Additional benefits include the screening protocol functional assessment which should be used for patients who are admitted to hospital as their cognitive screen, fall risk, and pressure sore assessments are all done as well as comprehensive functional assessment. Also the team has clinical pharmacology and medical access for polypharmacy requests from the ER docs. Contrary to our expectation I have had to accept only 3 patients into my practice to date: 1 had no family physician, one was from outside our region and the third her family doctor was about to retire. Most family doctors when contacted by the NP or myself look after their patients however time will tell if they are following our team recommendations. Dawn is to be congratulated for the composition of the team she has assembled and how well they work together. Merry Xmas and Happy New Year.

Hi Alice

Below is an update for the Community Rapid Response Team for your reference:

Dec 8th

CRRT started to screen after hours referrals made to the CRRT in both HSC & St. Clare's emergency departments due to low number of referrals being received during working hours Mon to Fri.

As of Friday afternoon Dec 19th:

- Total of 74 clients accepted to the CRRT since Sept 15th 2014.
- 5 of these 74 clients presented to the ER after hours or on weekends.
- 12 of the 74 clients were admitted to hospital while on the program or following discharge.
from the program.

- 7 of the 74 clients returned to the ER dept while on the program once or multiple times (these are visits that we know of). One additional client returned to the ER as a community emergency for placement 1 day after discharge from the Program at 30 days - received 24 & 12 hours / day home support for initial 10 days to 2 weeks then purchased 12 hours a day privately until funds were exhausted-lived alone & did not return to previous level of function).
- 12 clients were admitted to hospital while on the program or shortly after discharge at 30 days (these are admissions that we know of).
- 3 clients were deceased either before they were seen by the team, while on the program or after discharge from the program.
- 16 of the 74 clients accepted to the CRRT are Personal Care Home residents who presented to the emergency department primarily as a result of a fall/s.
- 1 missed referral HSC emerg – referrals received 2 weeks after clients discharged from the ER – referral was filed back on ER file that was sent back to Medical Records, Manager directed CRRT CHN II in emerg to complete CSRS report & send to emerg Manager.
- CRRT CHN II at ST. Clare’s emerg accepted another position with Home & Community Care – position was posted Dec 19th to begin recruitment process.

Please let me know if you have any questions.

Thx

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
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20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
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HI Gina & Cora

Attached are the admission & discharge letters we adapted for used in Eastern for the CRRT - thanks for sharing the letters you use😊

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
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PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Nicole Halliday
Sent: Tuesday, December 09, 2014 8:34 AM
To: Barbara Wells; Carmen Boland; Carolyn Gosse; Dawn Gallant; Fatima Mansaray; Jennifer Williams; Julie Johnson; Leah Hann; Lori Dalton; Maire NicNiocaill
Cc: Dawn Gallant
Subject: Admission & Discharge Letters

Good morning,
Please find attached a copy of the admission and discharge letters that we will be forwarding to family physicians as the client comes on for our program and then again when we are finished. I will forward to the family physician both times.

Nicole

Nicole Halliday
Community Rapid Response Team
Clerk Typist/III
20 Cordage Place
Tel: 752-6859
Fax: 752-4172
Email: nicole.halliday@easternhealth.ca

Merry Christmas
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From: Alice Kennedy
To: Dawn Gallant; Lori Dalton; Fatima Mansaray; Tracy Keen; Elizabeth Kennedy; Gail Downing; Karen Milley; Barbara Wells; Carmen Boland; Carolyn Gosse; Jennifer Williams; Julie Johnson; Leah Hann; Maire NicNiocaill; Nicole Halliday
Cc: Donna Mushrow; Karly Hamilton
Subject: RE: CRRT - Excellent News
Date: Tuesday, December 02, 2014 1:48:12 PM

Thanks Dawn. This is good with me.

Alice

---

From: Dawn Gallant
Sent: December-01-14 2:28 PM
To: Lori Dalton; Fatima Mansaray; Tracy Keen; Elizabeth Kennedy; Gail Downing; Karen Milley; Barbara Wells; Carmen Boland; Carolyn Gosse; Jennifer Williams; Julie Johnson; Leah Hann; Maire NicNiocaill; Nicole Halliday
Cc: Donna Mushrow; Karly Hamilton
Subject: CRRT - Excellent News
Importance: High

Hi everyone

As you are aware the Community Rapid Response Team (CRRT) is currently underutilized. This is mainly due to a decrease in referrals from the Emergency departments for clients who present to emergency during daytime hours and who meet the eligibility criteria for the program. A current gap in service has been identified that there are clients who present to the emergency department after hours and on weekends who are discharged home without service as they do not meet eligibility for follow-up through existing Home & Community Care / Community Supports programs. These clients will often re-present to the emergency department at least once or several times. I have discussed this service gap with Donna Mushrow at the DOHCS a few weeks ago & again today & have proposed that we utilize the CRRT staff to assess & provide appropriate services to this population of clients under the CRRT program as long as the team has capacity to do so.

Donna has agreed to this proposal as she also recognizes this as a gap in service. We need to clearly incorporate this change into the evaluation of the program.

I would like to start this as soon as possible therefore I will meet with the CRRT staff to discuss a process / plan to implement this change & discuss the evaluation component with the evaluation committee.

Please let me know if you have any questions or concerns.

Thx
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
Yes Mmm... 

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

Can we discuss when you have a minute

Hi Pam,
Following up to Jennifer’s email below we are getting questions from our community supports program regarding the purchase of equipment. Could you please advise how we will proceed as currently the only benefit is home support. We need to have something in place to allow us to pay for this equipment asap. Once it is decided how we are going to address, we will need to bring OCIO into the loop.
Please let me know!
Thanks,
Darlene

Hi Pam,
The Community Support program has come to me to request an additional benefit to cover medical equipment, ie: bed rentals. Etc. Currently under the Enhanced Care program for PCH they utilize the benefit of Uninsured Medical. Could this be a possibility here and if so, could it be implemented
like for example SCWA...whereby everything is mapped to that program and not tied to the residential option? Please contact me if you have any questions. To be a little clearer, I will provide a scenario...for an adult client receiving supplementary benefits and home support...the costs are linked back to the residential option and are not mapped to the home support primary.

Please let me know your thoughts.

Jennifer Oxford
Regional CRMS Client Pay Coordinator
Western Health
P O Box 2005, 6th Floor, WMRH
Corner Brook, NL A2H 6J7
Phone: 637-5000 Ext. 5376
Cell: 632-9775
Fax: 639-1486

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Thanks

I’ll send along.....

Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca

From: Barnes, Pam
Sent: Thursday, November 27, 2014 3:43 PM
To: Mushrow, Donna
Subject: proposed rate.xlsx

Table with rate for Rapid Response tidied up
Debbie,

Would you please print the attachments? Thanks!

Angie

From: Mushrow, Donna
Sent: Wednesday, November 19, 2014 11:20 AM
To: Alteen, Larry; Batstone, Angela E.; Dawn Gallant; Gail.Downing@easternhealth.ca; Karen Milley; Mimie Carroll (mimie.carroll@centralhealth.nl.ca); Mushrow, Donna; Nolan, Karen; Priddle, Tammy; mus@med.mun.ca; Rowsell, Anne; tearafreake@westernhealth.nl.ca
Subject: Minutes and Agenda for tomorrow's CRRT meeting

Please find attached the minutes from the most recent meeting as well as an agenda for tomorrow’s meeting. If you have additional agenda items, you may send them along or have them added at the meeting.

Additionally, you will find the most recent draft of the evaluation for your review. If there is general feedback we can discuss at the meeting tomorrow. If there is specific feedback from your RHA, please connect with your Evaluation Working Group Member (Elizabeth Kennedy – EH; Gina Sheppard, CH, Darlene Welsh –WH). The Evaluation Group will be meeting next week.

Donna
Donna Mushrow
Policy Consultant for Seniors and Home Care
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
St. John’s, NL
Telephone: 709-729-7961
E-mail: DonnaMushrow@gov.nl.ca
Great...thanks for sharing.

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John’s, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Thursday, October 16, 2014 4:54 PM
To: Mushrow, Donna
Subject: FW: CRRT Discharge Letter

Sorry- Donna- forgot to copy you. I know when we discussed a discharge letter we didn’t feel one was necessary but the team felt strongly that they wanted that communication with the family physicians. Please see attached.

Thx

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Dawn Gallant
Sent: Thursday, October 16, 2014 4:52 PM
To: 'Sheppard, Gina'; Collins, Cora
Cc: 'Priddle, Tammy'; 'Rowsell, Anne'; Karen Milley
Subject: FW: CRRT Discharge Letter

Hi Everyone
Attached is a draft of a CRRT discharge letter the team wanted to have to notify family physicians that the team had seen their patient & what recommendations they had for the client once discharged from the program. We are planning to start using it this week. Let me know if you have any thoughts or suggestions.

Thx
Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Barbara Wells
Sent: Tuesday, October 14, 2014 9:56 AM
To: Dawn Gallant; Carolyn Gosse; Carmen Boland; Nisha Perera; Jennifer Williams; Maire NicNiocaill; Julie Johnson
Subject: revised discharge letter

Attachment not included in e-mail

Hi everyone, see attached,

Barb 😊

Barbara Wells BN RN
Community Health Nurse
Community Rapid Response Team
Health Sciences Center Emergency Department
Ph. 777-8306
Barbara.wells@easternhealth.ca
Won’t have time to call today.

Angie

From: Mushrow, Donna  
Sent: Monday, October 06, 2014 10:27 AM  
To: Batstone, Angela E.  
Subject: Re: Eligible Individuals

Good morning. Welcome back...hope that you had a great vacation. I’m here in my room for about another 30 minutes if you want to have a chat. The number is 2049420551 Room 429.

Call me. I will be in Winnipeg.

We will need to discuss on Monday.

Sent from my BlackBerry 10 smartphone on the Bell network.

Hi All

Karen and I had a conversation this morning.

We agreed that you would continue with the eligibility criteria that you had begun with and closely consider if the individuals could have their needs meet through routine home care programming (and appropriate referral) before considering for the CRRT.

We will have a discussion at the next Steering Committee Meeting to draw upon the Eastern Health experiences to further make refinements to the eligibility criteria if possible.
Hello Everyone

The issue with only considering patients slated for hospital admission is that they are not medically stable enough to go home with enhanced care. We have taken on some very ill clients who were not slated for admission— if we limit the assessment to hospital admissions then we will miss these clients who have benefited from this program.

I am advocating to continue to assess those who meet the eligibility criteria as we have been doing, include patients who are on the trajectory for admission, encourage referral of clients to the Liaison Nurse for a Home & Community Care referral where appropriate, and continue to evaluate CRRT program capacity, appropriateness of referrals and outcomes.

I am also available for further discussion.

Thx

Dawn

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Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
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PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

From: Batstone, Angela E. [mailto:angelabatstone@gov.nl.ca]
Sent: Thursday, October 02, 2014 5:49 PM
To: mimmie.carrolli@centralhealth.nl.ca; Nolan, Karen; tammypriddle@westernhealth.nl.ca;
It was never the intent of these teams to interfere with the admission of unstable clients who should be admitted. Rather it is those clients that without the resources of the teams would previously have been admitted because they could not access enhanced services provided through this initiative in the community.

This initiative is about ensuring those that can, are appropriately returned to the community rather than being admitted inappropriately.

Donna, Karen is absolutely correct and it is important that patients whom need admission are appropriately admitted as is the current case. This program should never have been designed to take acutely ill unstable patients home rather the ones that are stable enough and safe enough to take home which is the case. This is a medical fact and I have personally reviewed all these cases with the team and I fully support Dawn and her team on the excellent work done to date. Hopefully we can have the bureaucracy sort this out to the benefit of our seniors. This is too important an initiative to get lost in a tight criteria and keeping it flexible is essential for safety and success.

Hi Donna,
I am confident in saying that the clients accepted on the caseload for CRRT during the first two weeks in HSC and St. Clare’s would not have received the timely response from OT and PT due to the current waitlist and would not have been referred for community nursing services. The clients who I am very concerned that we will miss with a stricter criteria are the ones we have taken on the program who are VERY ILL but have not been considered for hospital admission and who’s complex needs are too high to be met through the regular Home & Community Care programs but who are
NOT deemed serious enough to be admitted to hospital. Several of these clients have done quite well with the CRRT services. Dawn Gallant was assured by the ER staff at the HSC yesterday that only people who are absolutely medically unstable are slated for hospital admission & therefore would not see that many would be eligible to be cared for at home during the acute phase of their illness. The group that have been targeted in the last two weeks meet the current criteria as written. I am advocated that the interpretation remain open and any changes be considered as part of the evaluation of the program.

In reality in the last two weeks if we were using the criteria of accepting only those on a trajectory for admission we would have two full teams available without CRRT clients to see. We would have missed this great opportunity to support 23 clients.

I am available to discuss this with you.

Karen Milley
Regional Director Home & Community Care & Public Health
Eastern Health
Mt Pearl Square,
Phone 709 752-4520
Fax 709 752-4989
email Karen_Milley@easternhealth.ca

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From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Thursday, October 02, 2014 8:57 AM
To: Alteen, Larry; Batstone, Angela E.; Gail Downing; Karen Milley; Mimie Carroll (mimie.carroll@centralhealth.nl.ca); Mushrow, Donna; Nolan, Karen; Priddle, Tammy; Rowsell, Anne; tearafreake@westernhealth.nl.ca
Subject: Eligible Individuals

Good Morning All

Based on the “soft start” of the CRRT initiative at Eastern Health, we want to ensure that everyone is clear on the target population for the pilot.

Eligible individuals are those the would have been on the trajectory for hospital admission resulting from the current presentation in the emergency room and the intervention of the CRRT diverts them from that admission and arranges for appropriate, safe and effective care to be provided in the community setting.

We will explicitly include in the eligibility criteria to include to ensure clarity.

As always, individuals with a care plan to discharge from the emergency department may be referred to and access community services.
Donna

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Hi Again

There was a typo in slide 10 – attached is the correct version of the PowerPoint.

Thx

Dawn

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Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
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PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

Hi Everyone

Attached is the CRRT power point that we are using for Eastern Region – thanks very much Tammy (from Western Health) for doing the original version – we just made a few changes that would be pertinent to Eastern Region.

I am scheduled to do 3 webinars for staff of Eastern Health Oct 6, 7, & 8.

Thx

Dawn

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dawn.gallant@easternhealth.ca
Donna

- Monitoring of the Paid Family Caregiving Option implementation is ongoing. Working with Peggy Baikie re: evaluation.
- Planning for the implementation of the Community Rapid Response Teams remains a high priority – September 2014 Start date. Development of the evaluation ongoing with NCHI being the lead. RFP For HSS in review stage.
- RAI-HC now available in Western, Central and Eastern Health. LG Health preparing for production. Frontline staff being trained with the assessment and software and are beginning to use as their training is completed.
- RFP preparation for the Provincial Home Support Review
- Working with Leonard Mercer at Eastern for standardized CRMS PAY reports with Pam
- Memo for Definition of family for HSS completed and memo in process for change in delegation of function rates.
- Considering standardization for STHS Programs
- Consults (Minister's office and RHAs) as required

Donna

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---

From: Humphries, Debbie
Sent: Wednesday, September 24, 2014 9:30 AM
To: Mushrow, Donna; Waddleton, Deena
Subject: RE: divisional meeting - Consultants' Update

Good morning,

Could you provide a small blurb for the Consultants' update section of our last divisional meeting.

Thank you

Debbie
Debbie Humphries
Long Term Care & Community Support Services Division
Department of Health and Community Services

Phone: 709-729-5120
Fax: 709-729-4009
Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
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dawn.gallant@easternhealth.ca

From: Alice Kennedy
Sent: Wednesday, September 24, 2014 6:47 PM
To: Dawn Gallant
Cc: Karen Milley
Subject: Re: Community Rapid Response Team Stats - as of Sept 24 2014

Thanks Dawn. Interesting situations. Off to a good start for sure. I think we will get many learnings from analyzing the types of clients and their situations. Great work by you and your team.

Alice

Sent from my BlackBerry 10 smartphone on the Bell network.

From: Dawn Gallant
Sent: Wednesday, September 24, 2014 5:48 PM
To: Alice Kennedy
Cc: Karen Milley
Subject: Community Rapid Response Team Stats - as of Sept 24 2014

Hi Alice

Below is a summary of the 1st 8 days of the Community Rapid Response Team (CRRT) which started on Sept 15th at St. Clare's & HSC Emergency Departments:

17 clients accepted for the CRRT
   - 10 St. Clare’s
   - 7 HSC

Services Required for the 17 Clients:

17 seen by Nurse Practitioner (program decision to refer all clients for NP assessment at this time)
17 – referred for Occupational Therapy
16 - referred for Physiotherapy
6 - referred for Nursing
6 - receiving Home Support

2 additional clients referred for assessment by CRRT CHN in emergency but were admitted to hospital
1 other client admitted to hospital as he lives in Bay Bulls & home support was not available

5 clients declined assessment by the CRRT CHN in emergency - 4 felt they had adequate level of service at home.
1 family declined assessment as they insisted on placement for the client as they were unable to find a home support worker in their area (Private Pay - [redacted]). Now CE at HSC emergency dept - CRRT CHN to discuss CRRT program services again with client / family Weds evening to determine if client’s needs can be met at home.

1 CE client at St. Clare’s emergency - not assessed by CRRT CHN as client identified as requiring placement with 3 to 4 person assist.

3 of the 17 clients on the CRRT program returned to the emergency department since admitted to CRRT & discharged home again

7 of the 17 clients are from Personal Care Homes - all presented to the ER as a result of falls. 1 of these 7 clients presented at St. Clare’s emergency on [redacted] & the Personal Care Home staff brought [redacted] back to the HSC emergency 12 hours later as they were “worried they could not manage” this client - there was no change in his cognitive or physical status in that 12 hour period.

Let me know if you have any questions.

Thx
Dawn

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Please see below re CTAS score so far for CRRT

Dawn

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dawn.gallant@easternhealth.ca

From: Nicole Halliday
Sent: Wednesday, September 17, 2014 3:20 PM
To: Dawn Gallant
Subject: CTAS scores

Hi Dawn, Please see below scores on all new clients in. I will also add this to the weekly log.

CTAS 2
CTAS 4
CTAS 3
CTAS 3
CTAS 4
CTAS 4
CTAS 4

Nicole Halliday
Community Rapid Response Team
20 Cordage Place
Tel: 752-6859
Fax: 752-4172
Email: nicole.halliday@easternhealth.ca

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I hear you! Enjoy your weekend.

Tks Donna..wanted to come prepared..however didn't want to spend my Sunday or evenings doing work unnecessarily...chat on Tuesday..

Sent from my BlackBerry 10 smartphone on the TELUS network.

Hi Anne
I have been involved with one previous selection from RFP. We used group consensus for scoring in that case. We will agree on our method on Tuesday.

Is the expectation that each member will come to the meeting on Tuesday with the proposals scored...

Sent from my BlackBerry 10 smartphone on the TELUS network.

Hi Anne
All members will score all of the proposals.
Donna

Hi Donna,
I am sifting through the proposals for the RFP's in preparation for Tuesdays meeting. I suspect you will want each if the RHA to score the proposals in preparation for the meeting...I am wondering if you only want me to score the ones that will address the needs of Central Health...I look forward to your response...tks.

Sent from my BlackBerry 10 smartphone on the TELUS network.

From: Mushrow, Donna  
Sent: Friday, September 12, 2014 2:41 PM  
To: Rowsell, Anne  
Subject: RE: Follow up to report request - RRT  

Okay..Thanks  
Donna  

Donna Mushrow  
Policy Consultant  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
P.O. Box 8700  
St. John's, NL A1B 4J6  
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E-mail: donnamushrow@gov.nl.ca  

From: Rowsell, Anne [mailto:Anne.Rowsell@centralhealth.nl.ca]  
Sent: Thursday, September 11, 2014 4:10 PM  
To: Mushrow, Donna  
Subject: FW: Follow up to report request - RRT  

Hi Donna,  
Please see e-mail below......unfortunately we cannot get the data requested. Thanks.  

Cheers,  
Anne  

From: McHugh, Patricia  
Sent: Thursday, September 11, 2014 3:58 PM  
To: Rowsell, Anne  
Subject: Follow up to report request - RRT  

Hi Anne,  
Sorry for my late reply – just realized I did not get back to you on your report request for the Rapid Response Team.  

You had asked me if it was possible to get a report showing the following:
Patients who presented:
- on multiple medications
- multiple conditions
- history of falls
- acute delirium
- UTI
- CHF
- CTAS >= 3
- caregiver burnout

...for January 2014 to present.

The short answer is this isn’t possible. We could get bits and pieces of that information. It is especially hard (impossible) to get an accurate list of # of people with UTI, CHF, acute delirium and/or caregiver burnout as their reason for admission, because that is recorded as free text, often by an admitting clerk. It would be impossible to get a picture of patients admitted with ALL of those things.

Call me if you need to discuss...if the request can be whittled down to just a few items, we may be able to help you.

Patti
PS — saw your request for change for the Community Referrals, as you know, Derek is looking into this and can be your point of contact regarding that matter.

Patricia McHugh, BIS, BScN, RN
Lead Clinical Information Specialist
Information Management and Technology - Central Health
James Paton Memorial Regional Health Centre
125 Trans Canada Highway, Gander, NL A1V 1P7
T: (709) 256-5560
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Hi Donna,

What I actually said was that the RAI-HC is used for clients applying for Long Term HSS. We really haven’t been given much information about this new program. I advised Karen that we are not currently using the RAI-HC for short term or emergency home supports in the community. My question to Karen and Dawn was who would be doing the assessment for long term home supports if that is what is deemed necessary once the emergency services are exhausted. If it is the community nurse (H&CC) or SW (CSP) then they are part of our current staff targeted for training. If it is the new rapid response team members in the community then they would be trained.

Jackie

---

From: Karen Milley
Sent: September-11-14 2:01 PM
To: Mushrow, Donna (DonnaMushrow@gov.nl.ca)
Cc: Dawn Gallant; Jackie MacKenzie
Subject: RAI-HC and CRRT

Hi Donna,

I had a conversation with Jackie MacKenzie today regarding RAI-HC training for the community staff in CRRT. She reiterated that the RAI-HC is only being used for long term home support and would not be the correct tool for the short term home support we are providing in this pilot. She suggested the AF 204 or its newer version would be used instead. It was my understanding the RAI-HC was being recommended for use in this pilot by the staff to assess once the client is at home.

Please clarify.

Karen Milley
Regional Director Home & Community Care & Public Health
Eastern Health
Mt Pearl Square,
Phone 709 752-4520
Fax 709 752-4989
e-mail Karen.Milley@easternhealth.ca

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Okay

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Wednesday, September 10, 2014 09:38AM Newfoundland Standard Time
To: Karen Milley
Subject: RE: Responses for CCRT HSS RFP

Looking at 1-4:30

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
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E-mail: donnamushrow@gov.nl.ca

From: Karen Milley [mailto:Karen.Milley@easternhealth.ca]
Sent: Wednesday, September 10, 2014 9:38 AM
To: Mushrow, Donna
Subject: RE: Responses for CCRT HSS RFP

Yes, what time?

Karen Milley
Regional Director Home & Community Care & Public Health
Eastern Health
Mt Pearl Square,
Phone 709 752-4520
Fax 709 752-4989
email Karen.Milley@easternhealth.ca

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From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Wednesday, September 10, 2014 9:33 AM
To: Karen Milley
Subject: RE: Responses for CCRT HSS RFP

Hi Karen

I believe that you may have moved your tentative appointment from Monday afternoon to Tuesday afternoon. Is it possible for you to be available on Tuesday afternoon?

Donna

Donna Mushrow
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E-mail: donnamushrow@gov.nl.ca

From: Karen Milley [mailto:Karen.Milley@easternhealth.ca]
Sent: Friday, September 05, 2014 4:03 PM
To: Mushrow, Donna
Subject: RE: Responses for CCRT HSS RFP

Hi Donna,

I am available on Sept 12th am and 15th pm.

Karen Milley
Regional Director Home & Community Care & Public Health
Eastern Health
Mt Pearl Square,
Phone 709 752-4520
Fax 709 752-4989
email Karen.Milley@easternhealth.ca

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From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Friday, September 05, 2014 11:11 AM
To: Karen Milley; Rowsell, Anne; Priddle, Tammy; Batstone, Angela E.; paulwight@westernhealth.nl.ca; Barnes, Pam
Subject: RE: Responses for CCRT HSS RFP

Please see the e-mail below.
I am working on getting the documents out to you, however the scanned files are big so they are being blocked. I will be in touch later today with either files by e-mail or have them delivered.

In the meantime, please advise of your availability for the times noted below.

Donna

Donna Mushrow
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E-mail: donnamushrow@gov.nl.ca

From: Mushrow, Donna
Sent: Friday, September 05, 2014 9:34 AM
To: Karen Milley; Rowsell, Anne; Priddle, Tammy; Batstone, Angela E.; paulwight@westernhealth.nl.ca; Barnes, Pam
Cc: Mushrow, Donna
Subject: Responses for CCRT HSS RFP

Hi All

On behalf of Western Health, please find attached the responses to RFP for the Provision of Home Support Service for Community Rapid Response Teams. Following this e-mail there will be another with addendum documents that are to be included for each of the Caregiver’s proposals.

We would like to have a meeting of the Evaluation Committee soon but need to have time to review the documents prior to the first meeting.

Please advise of your availability for a meeting on September 12 from 9am-1pm, Monday September 15 from 9am-1pm and Tuesday September 16 from 1 pm-430pm.

Donna

Donna Mushrow
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Ok thanks.

---

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: September 9, 2014 1:45PM
To: Wight, Paul
Subject: RE: Responses for CCRT HSS RFP

Hi Paul,

I knew that the proposed dates would be challenging for you based on an earlier conversation. Thought that the rest of the group would meet to evaluate and there would be a subsequent meeting where we would have you attend to work through the details of award and contract.

Will keep you in the loop regarding the agreed time in case you have some time in your schedule.

Thanks for your support.

Donna

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---

From: Wight, Paul [mailto:paulwight@westernhealth.nl.ca]
Sent: Monday, September 08, 2014 7:50PM
To: Mushrow, Donna
Subject: RE: Responses for CCRT HSS RFP

Hello Donna,

It will be very difficult for me to commit that much time for meetings as the next weeks are extremely busy for me. Is it possible to set a portion of the time to discuss the business/contract aspect of the process and I can call in for that? I will have more time available after next week but we have a lot scheduled for next week.

Regards,
Paul Wight
From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: September 5, 2014 11:11 AM
To: Karen Milley; Rowsell, Anne; Priddle, Tammy; Batstone, Angela E.; Wight, Paul; Barnes, Pam
Subject: RE: Responses for CCRT HSS RFP

Please see the e-mail below.

I am working on getting the documents out to you, however the scanned files are big so they are being blocked. I will be in touch later today with either files by e-mail or have them delivered.

In the meantime, please advise of your availability for the times noted below.

Donna

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E-mail: donnamushrow@gov.nl.ca

From: Mushrow, Donna
Sent: Friday, September 05, 2014 9:34 AM
To: Karen Milley; Rowsell, Anne; Priddle, Tammy; Batstone, Angela E.; paulwight@westernhealth.nl.ca; Barnes, Pam
Cc: Mushrow, Donna
Subject: Responses for CCRT HSS RFP

Hi All

On behalf of Western Health, please find attached the responses to RFP for the Provision of Home Support Service for Community Rapid Response Teams. Following this e-mail there will be another with addendum documents that are to be included for each of the Caregiver's proposals.

We would like to have a meeting of the Evaluation Committee soon but need to have time to review the documents prior to the first meeting.

Please advise of your availability for a meeting on September 12 from 9am-1pm, Monday September 15 from 9am-1pm and Tuesday September 16 from 1pm-4:30pm.
Unable to get the files through on e-mail. Suggesting that you can use the documents that are in Western to prepare for the meeting for evaluation.

Donna

Donna Mushrow
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Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

Please see the e-mail below.

I am working on getting the documents out to you, however the scanned files are big so they are being blocked. I will be in touch later today with either files by e-mail or have them delivered.

In the meantime, please advise of your availability for the times noted below.

Donna

Donna Mushrow
Policy Consultant
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St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca
Hi Donna and Angie,
Thank you for your response to our questions. For further clarification I am being told that the process to avail of seniors home support here in Eastern has a goal to complete within 14 days which is still 7 days longer then rapid response is available. In addition not everyone will be financially eligible for home support after the 7 days.
In reality, I have concerns that the home support services are only 7 days and that the needs of the clients coming on the rapid response program will be longer. I am very willing to work together for a solution.

Karen Milley
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Donna

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E-mail: donnamushrow@gov.nl.ca
Hi Donna and Angie,

Our EH CRRT working group met yesterday and are looking for clarification on several items that are listed below.

1. Will the family caregivers option be available for clients of the CRRT program? This may be requested, especially for clients with dementia.

   The Paid Family Caregiving Option is only available to those individuals who are availing of long term home support. As such, individuals that are entering home support services through the Rapid Response Initiative will not have access to that care Option. As some of these clients transition to long term home support, the Paid Family Caregiving Option may be considered.

2. We expressed many concerns with how to appropriately manage clients on home support after 7 days. Even in the best case scenario where we start the process on day 1, it will still be at least 21 days to get through the approval process for regular home support. Also for anyone receiving significant hours per day, two hours per day from short term home support isn’t going to work. Our team have concerns that some clients may have no option on day 8 but to return to ER and we really don’t want this to be a routine option, but only as the last available option. Have there been any discussions regarding an approval process short cut for those clients to prevent the return to ER?

   As most of the clients availing of the Rapid Response Initiative will be Seniors that will have the income Based Financial Assessment applied, the process time for the financial assessment should be relatively quick. Is there currently a mechanism within the regional health authority to respond to and deal with priority requests? If so, these client may need to be assessed and approved through that mechanism.

   I agree that it is certainly not the intent to have these clients return to the ED following their 7 days of home support service if there is an ongoing need.

3. How are family physicians in the geographic areas covered being informed of the program? Will there be a provincial connect with NLMA to inform physicians?

4. Connection and presentation can be completed with the NLMA through the linkage with Dr. Larry Alteen and Dr. Roger Butler. Ongoing collaboration and cooperation amongst the community health team and physicians will increase the successfullness of this initiative.

As always I appreciate your assistance.
Karen Milley
Regional Director Home & Community Care & Public Health
Eastern Health
Mt Pearl Square,
Phone 709 752-4520
Fax 709 752-4989
email Karen.Milley@easternhealth.ca

Flu Prevention Begins With YOU!

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Hi Donna & Karen

I just came from a meeting with Kim Adams (Regional Coordinator for Medicine) regarding a new program they are implementing called “The COPD Care Improvement Team”. Primary Health Care nurse Tracy Kean will be part of that team as part of her work with the Chronic Disease Management program as she will be following patients discharged from hospital with a diagnosis of COPD. One piece of information that team will want to capture is how many patients who present to emergency have the diagnosis of COPD – of course the patient could be of any age. I think the CRRT evaluation needs to capture Diagnosis as well as reason that the patient presents to emergency – Not sure if they are metrics the province is planning to capture. I’m sure some of the patients of the CRRT will crossover with patients of the COPD program.

I also have some other metrics I would like to suggest but I can discuss this with you when I return to the office on July 30th or so.

Thx

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John’s, NL A1B 4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

Hi Dawn

The Evaluation Committee is working on the evaluation plan and at the last meeting just began to look at the metrics for evaluation. We are meeting again mid-August. May be able to share a draft following that meeting.

PS...I’m on leave too- July 14-Aug5!

Donna
Hi Donna,

I recently met with Professional Practice regarding the Rapid Response Team. The Professional Practice Consultants for the various disciplines involved with team had some questions & ideas regarding evaluation of the program. We are looking at what metrics would be relevant for evaluation for Eastern Health therefore I’m wondering what the province will be looking at as we don’t want to duplicate what will be evaluated & maybe some things can be added to the provincial evaluation that would be relevant across the regions.

I look forward to hearing from you. (P.S. I will be on Leave from July 10 to 29).

Thx
Dawn

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Primary Health Care Manager
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cooperation is appreciated. ***
From: Mushrow, Donna
To: "Karen Milley"
Subject: RE: Meeting Material for Rapid Response Steering Committee - July 9th
Date: Wednesday, July 09, 2014 8:38:00 AM

Perfect Karen...thanks for the feedback. Will revise the geography statement to clarify.

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
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St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

From: Karen Milley [mailto:Karen.Milley@easternhealth.ca]
Sent: Wednesday, July 09, 2014 8:25 AM
To: Mushrow, Donna
Subject: RE: Meeting Material for Rapid Response Steering Committee - July 9th

Hi Donna,
As I won't be attending the meeting this afternoon, I want to provide you an update on the assessment tool. There was no feedback on the final version. The assessment tool and the additional forms such as Mini mental, etc. are all gone to our forms committee for approval. The first NP will start Aug 11th and all other staff will start Sept 8th with the exception of the CHNI position, ; We will use casual staff to backfill until staff are released.

Geography:
I know we already provided feedback, but it is the district of Trepassey and not just the town that will be omitted from the geography.

Karen Milley
Regional Director Home & Community Care & Public Health
Eastern Health
Mt Pearl Square,
Phone 709 752-4520
Fax 709 752-4989
e-mail Karen.Milley@easternhealth.ca

Flu Prevention Begins With YOU!

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Monday, July 07, 2014 2:41 PM
To: Alteen, Larry; Batstone, Angela E.; Gail Downing; Karen Milley; Kean, Sueann; Mimie Carroll (mimie.carroll@centralhealth.nl.ca); Mushrow, Donna; Nolan, Karen; Priddle, Tammy; tearafrake@westernhealth.nl.ca
Subject: Meeting Material for Rapid Response Steering Committee - July 9th

Please find attached the minutes from our most recent meeting as well as a proposed agenda. Other topics for the agenda can be added at the meeting be submitted to me prior to the meeting. Also, we have had some other suggestions for “names”. The listing is attached for your consideration for a decision.

Thanks

Donna

Donna Mushrow
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Okay, will get that to you as well. We have cancelled the July meeting for the implementation of RAI-HC as things are progressing nicely. We will plan to meet on August 14 at 2 pm. Will send along recent minutes.

Donna

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I am...I will replace Sueann

Sent from my BlackBerry 10 smartphone on the TELUS network.

Are you going to be the rep on the provincial RAI-HC Steering Committee as well?
From: Mushrow, Donna  
Sent: Tuesday, July 8, 2014 12:23 PM  
To: Rowsell, Anne  
Subject: RE: Meeting Material for Rapid Response Steering Committee - July 9th

Hi Anne

Will get the information to you shortly as well as the meeting request.

Welcome to the fold!

Donna

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E-mail: donnamushrow@gov.nl.ca

From: Rowsell, Anne  
Sent: Tuesday, July 08, 2014 12:22 PM  
To: Mushrow, Donna  
Subject: Re: Meeting Material for Rapid Response Steering Committee - July 9th

Hi Donna,

As Sueann indicated I am her replacement for the next year. As thus e-mail was a forward I did not receive the minutes, nor do I have the date and time for the meeting. I look forward to being a member of this team and implementation of the project. Tks.

Sent from my BlackBerry 10 smartphone on the TELUS network.
From: Mushrow, Donna 
Sent: Monday, July 7, 2014 10:25 PM 
To: Kean, Sueann; Rowsell, Anne 
Subject: Re: Meeting Material for Rapid Response Steering Committee - July 9th 

Will do. 

Enjoy 

Donna 

From: Kean, Sueann [mailto:Sueann.Kean@centralhealth.nl.ca] 
Sent: Monday, July 07, 2014 04:43 PM 
To: Rowsell, Anne <Anne.Rowsell@centralhealth.nl.ca> 
Cc: Mushrow, Donna 
Subject: FW: Meeting Material for Rapid Response Steering Committee - July 9th 

Donna 

Anne Rowsell will be doing my [redacted] Can you add her to your contact list? 
Sueann 

Sueann Kean RN BN MSc 
Director of Home and Community Nursing and Ambulatory Services 
PO Box 190 
114 Main Street 
Glovertown, NL, A0G 2L0 

709-533-2374p 
Option 7 
709-571-9017c 
709-533-1021f 

sueann.kean@centralhealth.nl.ca 

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca] 
Sent: Monday, July 07, 2014 2:41 PM 
To: Alteen, Larry; Batstone, Angela E.; Gail.Downing@easternhealth.ca; Karen Milley; Kean, Sueann; Carroll, Mimie; Mushrow, Donna; Nolan, Karen; Fiddle, Tammy; [redacted]@med.mun.ca; tearafreake@westernhealth.nl.ca 
Subject: Meeting Material for Rapid Response Steering Committee - July 9th 

Please find attached the minutes from our most recent meeting as well as a proposed agenda. Other topics for the agenda can be added at the meeting be submitted to me prior to the meeting. Also, we have had some other suggestions for "names". The listing is attached for your consideration for a decision. 

Thanks 

Donna 

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Please find attached the minutes from the most recent meeting, the agenda and meeting material for tomorrow.

Donna

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E-mail: donnamushrow@gov.nl.ca

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Please find attached the minutes from our most recent meeting as well as a proposed agenda. Other topics for the agenda can be added at the meeting be submitted to me prior to the meeting. Also, we have had some other suggestions for “names” The listing is attached for your consideration for a decision.

Thanks

Donna

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E-mail: donnamushrow@gov.nl.ca
Hi Traci,

Delighted to have Tonya on the Evaluation Working Group and to bring the perspective from the emergency room.

Just wondering about the plan is to have a team of community based staff reporting to the ER Manager – can you outline how Central Health envisions this working?

Thanks,
Donna

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E-mail: donnamushrow@gov.nl.ca

Hi Donna,

We are suggesting Tonya Ryan...she is the Nurse Manager of our ER.

The CRRT will be reporting to Tonya.

Cheers,

Traci
Traci Foss RN BN MHS
Director of Nursing
Central Newfoundland Regional Health Centre
Central Health
50 Union Street, Grand Falls-Windsor, NL A2A 2E1
Hi Mimie and Traci

Just wondering if you have identified a Central health person for the Evaluation Working Group?

Donna

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Just a reminder to send along a name for the Evaluation Working Group. We are hoping to have a meeting prior to the next steering committee meeting.

Donna

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Thanks Mimie and Traci for your follow-up.

Donna

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From: Carroll, Mimie [mailto:Mimie.Carroll@centralhealth.nl.ca]
Sent: Thursday, June 05, 2014 9:58 AM
To: Mushrow, Donna; Foss, Traci
Cc: Batstone, Angela E.
Subject: Re: Community Rapid Response Follow-up

Hi Donna,

I am currently out of the Province for work and will be back on Monday. Traci and I are planning to get together then to discuss.

Thanks for the follow-up. We will be in touch.

Cheers,
Mimie Carroll, Regional Director,
Long Term Care and
Community Support Services
Central Health

Sent from my BlackBerry 10 smartphone on the TELUS network.
Just following up with you both as we have not had representation from Central Health at the last two Provincial Steering Committee meetings.

In order to proceed with the working groups in each of the RHAs and move ahead with decisions, we need Central Health's input.

While we have scheduled the next meeting for June 26th, I am requesting that the following be addressed through Central Health within the next week so we can continue to move ahead in advance of the next meeting:

- Advise of your approval process (if any) for forms/policies in Central Health - we need to ensure that the forms/policies are ready for the initiative in all the RHAs involved.
- Provide comments on the communication PowerPoint directly to Tammy Priddle in Western Health. The PowerPoint needs to be finalized to move ahead with the development of a brochure for clients of this initiative.
- Provide an update on recruitment for the Central Health Rapid Response Team to myself.
- Provide comments on the Draft RFP for HS to myself.
- Identify the area of geographic coverage for the Central Health Team to HCS for finalization. This component of information is required for the HS RFP that will be released through Western Health.

While recognizing that there are competing demands, HCS is interested in ensuring that Central Health is engaged and contributing to moving this initiative ahead.

Thanks
Donna

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Hi All

Please find attached the proposed agenda for the meeting on Tuesday as well as minutes from our recent meeting.

Thanks
Donna

Donna Mushrow
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E-mail: donnamushrow@gov.nl.ca
Not much new...update as below.

Donna

- Implementation of the Paid Family Caregiving Option is ongoing. Working with Peggy Baikie re: evaluation.
- Planning for the implementation and evaluation of the Community Rapid Response Teams is a high priority – September 2014 Start date.
- Mid-May 2014 saw the start of live production of RAI-HC in Western Health. Continuing close work happening with all the RHAs in preparation for production in the other regions.
- RFP preparation for the Provincial Home Support Review
- Working with Leonard Mercer at Eastern for standardized CRMS PAY reports with Pam
- Consults (Minister’s office and RHAs) as required

Donna

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E-mail: donnamushrow@gov.nl.ca

Good morning

Could you guys provide a small blurb for the Consultants’ update section of our last divisional meeting.

Thank you

Debbie

Debbie Humphries
Good Afternoon All,

Attached are the minutes from the last meeting and a proposed agenda for the upcoming meeting on May 16th. You may send along additional agenda items or have them added at the meeting.

Also attached are the final versions for the Terms of Reference for the Steering Committee and RHA Working Groups. Based on the discussion from last meeting the Revised target population is included.

Here is the conference call information that was previously provided with the meeting invite that was sent via Outlook:

Conference Call Information

1-888-579-9842

Moderator [Redacted]
Participant #

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca
From: Mushrow, Donna
To: [redacted]@med.mun.ca
Subject: RE: Rapid Response
Date: Thursday, May 08, 2014 8:43:00 AM

Thanks for the feedback. Will have revisions out with minutes by end of the week.

Enjoy your day. ~s.40(1)

Donna

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Policy Consultant
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Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

From: edx.mun.ca [mailto:~med.mun.ca]
Sent: Thursday, May 08, 2014 8:06AM
To: Mushrow, Donna
Subject: RE: Rapid Response

No it was in the setting of delirium which is a different diagnosis. /THis should read acute delirium that has been stabalized..... and I think that will be ok.

From: Mushrow, Donna [DonnaMushrow@gov.nl.ca]
Sent: May 7, 2014 9:24AM
To: Butler, Roger
Subject: Rapid Response

Hi ~s.40(1)

Doing some preparation for the next meeting for the Community Rapid Response.

Based on your suggestion from last time regarding the acute dementia in the eligibility criteria, I am proposing the revision in the eligibility Criteria list be:

• Acute dementia that has been stabilized through intervention

Are you more comfortable with having this wording??

Thanks for your input

Donna
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No sweat, can get the info for u.

Sent from my BlackBerry 10 smartphone on the Bell network.

Just wanted to see if it was available for an evaluation component for the CCRT. Thinking that we may see some increase in routine referrals from the ED with the initiation of the team. Will talk about it more once we get a draft evaluation and have an initial meeting of the working group. Likely this will be in the last week in May or the first week in June.

Will get a date for you soon.

Donna

---

It is, I forgot about it. Will get what we have for u- when we’re needing it for?

Sent from my BlackBerry 10 smartphone on the Bell network.
Wondering if you found out is this is tracked?

Donna

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Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

From: Elizabeth Kennedy [mailto:Elizabeth.Kennedy@easternhealth.ca]
Sent: Tuesday, April 15, 2014 12:05 PM
To: Mushrow, Donna
Cc: Dawn Gallant
Subject: RE: ER Referrals

Will check if we track this.

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Tuesday, April 15, 2014 10:29 AM
To: Elizabeth Kennedy
Cc: Dawn Gallant
Subject: ER Referrals

Hi Liz

Doing some work with NLCHI for the evaluation of the Rapid Response Teams.

Do you know if there is data available at HSC and SCMH regarding # of referrals to community health specifically from the ER Department?

Donna

Donna Mushrow
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Hi Nicole

June 30 is reasonable. Will chat with you as planned on Wednesday of next week.

Will there be a draft copy available for the meeting that we have planned for next week? Anything that you have available will be helpful.

Donna

Donna Mushrow  
Policy Consultant  
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E-mail: donnamushrow@gov.nl.ca

Hi Angie and Donna,

I wanted to connect with you regarding the completion date for the Community Rapid Response Team initiative evaluation plan. Given the work left to do, including engagement with the evaluation working group, I would like to propose a completion date of June 30. This should permit time for ongoing engagement with your division, as well as the working group, and for review by the Planning and Evaluation Division. This doesn’t preclude us from commencing any necessary evaluation activities which may need to coincide with the launch of the initiative but would provide a sufficient amount of time to finalize the plan. In our experience changes are often made to an evaluation plan once a project is launched given operational changes that take place so this would also allow for any such accommodations.

Is this reasonable from your end?

Nicole
Nicole Gill
Manager of Research
Newfoundland and Labrador Centre for Health Information
70 O'Leary Avenue, St. John's, NL A1B 2C7
Tel: (709) 752-6027  Fax: (709) 752-6035
Email: nicole.gill@nlchj.nl.ca
Web: www.nlchj.nl.ca

PLEASE NOTE: All requests for information or data should be sent to IM@nlchj.nl.ca
Please find attached draft communication documents for discussion at this afternoon's meeting.

Donna

Donna Mushrow
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Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

Hi Donna,
Please find attached the Draft Communication Plan and Presentation on behalf of Western Health for sharing and discussion at today's meeting.

Thanks Teara

As was referenced earlier this week as well as at the last Steering Committee meeting, attached is a draft RFP for Home Support Services for the Community Rapid Response Teams.

Would appreciate if you have any feedback to provide to me by April 10, 2014. Also, we are interested in a response to have a region release the RFP.

Thanks
Donn Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

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Donna

- Implementation of the Paid Family Caregiving Option is ongoing. Working with Peggy Baikie re: evaluation.
- planning for the implementation and evaluation of the Community Rapid Response Teams is a high priority.
- April 2014 is the target for the start of live production of RAI-HC in Western Health, therefore there is close work happening with all the RHAs in preparation for production in the other regions.
- Restarting the RFP preparation for the Provincial Home Support Review
- Working with Leonard Mercer at Eastern for standardized CRMS PAY reports with Pam
- Consults (Minister's office and RHAs) as required

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
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E-mail: donnamushrow@gov.nl.ca

From: Humphries, Debbie
Sent: Friday, April 11, 2014 2:42 PM
To: Barnes, Pam; Mushrow, Donna; Waddleton, Deena; Bridgeman, Annette
Subject: divisional meeting - Consultants' Update

Good afternoon

Could you guys provide a small blurb for the Consultants' update section of our meeting today.

Thank you

Debbie

Debbie Humphries
Long Term Care & Community Support Services Division
Department of Health and Community Services
Thanks Traci.

I met Tonya a few years ago and suspected our paths would cross again. Great to have her aboard and will be in touch once we have the initial framework from NLCHI to begin building the full evaluation.

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
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Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

Traci Foss RN BN MHS
Director of Nursing
Central Newfoundland Regional Health Centre
Central Health
50 Union Street, Grand Falls-Windsor, NL A2A 2E1
(Office) 709-292-2614 (Cell) 709-572-0054
traci.foss@centralhealth.nl.ca
Hi Mimie and Traci

Just wondering if you have identified a Central health person for the Evaluation Working Group?

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

Just a reminder to send along a name for the Evaluation Working Group. We are hoping to have a meeting prior to the next steering committee meeting.

Donna

Donna Mushrow
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Hi,
That would be great.

Mimie, my schedule is hectic next week, as we are putting off another Lean workshop. Best time for me would be at then of the day, say after 4:30?

Liz

---

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Friday, March 28, 2014 3:13 PM
To: Elizabeth Kennedy
Cc: mimie.carroll@centralhealth.nl.ca
Subject: LEAN Community Rapid Response Teams

Hi Liz

Mimie Carroll at Central Health is hoping that she can speak with you regarding analyzing the ED referral process for Community Rapid Response Teams using LEAN. I understand that Eastern has already done some work with the HSC and SCMH sites.

Connecting you both by copy of this e-mail.

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
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Hi All

Please accept my apologies for the lateness of the minutes from the last meeting and the agenda for the meeting this afternoon.

As well there are a number of documents supplied by Western health that were mentioned in the last meeting.

The revised TOR for the RHA working Group are included for consideration this afternoon. If there are no further comments for the Provincial Steering Committee we will accept those this afternoon.

Thanks

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John’s, NL A1B 4J6
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E-mail: donnamushrow@gov.nl.ca
Hi Everyone,

Eastern Health was responsible to develop an assessment tool for use by the nurse in the ER. We had our first meeting and Denise Cahill NP developed the attached document. It is still a little drafty and requires more formatting, but I am interested in your feedback on the components. There are a number of common assessment tools such as the MMSE- Mini- Mental State Exam, MOCA- Montreal cognitive assessment, CAM- Confusion assessment method and KATZ index of activities of daily living that will be part of the package and I will forward her compilation of those in the next email.

Look forward to our discussion this afternoon.

Karen Milley
Regional Director Home & Community Care & Public Health
Eastern Health
Mt Pearl Square,
Phone 709 752-4520
Fax 709 752-4989
e-mail Karen.Milley@easternhealth.ca

Flu Prevention Begins With YOU!

---Original Message---
From: mun@med.mun.ca [mailto: mun@med.mun.ca]
Sent: Wednesday, March 26, 2014 2:49 PM
To: Karen Milley
Cc: Dawn Gallant
Subject: FW:

Hi Karen,

Geriatric assessment DRAFT

Denise

Denise Cahill PHC-NP, MN
100 Forest Road
6th floor Southcott Hall
777-8969

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Your cooperation is appreciated. ***
Yes it is confirmed Darlene Welsh will be our rep. 634-4306 darlenewelsh@westernhealth.nl.ca

Tammy Priddle
Regional Director Community Support
709-637-5000 ext: 5322
tammypriddle@westernhealth.nl.ca
P.O. Box 2005
Corner Brook, NL
A2H 6J7

-----Original Message-----
From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: Tuesday, March 25, 2014 11:32 AM
To: Priddle, Tammy
Subject: RE: Rapid Response Working Group for Evaluation - REMINDER

Hi tammy

Just wondering if Darlene has been confirmed and if so, can you please provide her contact information.

Thanks

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services Department of Health and Community Services Government of Newfoundland and Labrador P.O. Box 8700 St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

-----Original Message-----
From: Priddle, Tammy [mailto:tammypriddle@westernhealth.nl.ca]
Sent: Friday, March 14, 2014 9:20PM
To: Mushrow, Donna
Subject: Re: Rapid Response Working Group for Evaluation - REMINDER

We are thinking Darlene Welsh but I need to confirm.

-----Original Message-----
From: Donna Mushrow
To: Priddle, Tammy
To: Teara Freake
To: Mimie. Carroll
To: Foss, Traci
To: Gail.Downing@easternhealth.ca
Subject: Rapid Response Working Group for Evaluation - REMINDER
Sent: Mar 14, 2014 10:32 AM
Just a reminder to send along a name for the Evaluation Working Group. We are hoping to have a meeting prior to the next steering committee meeting.

Donna
Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services Department of Health and Community Services Government of Newfoundland and Labrador P.O. Box 8700 St. John's, NL A1B 4J6
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Tammy Priddle
Regional Director Community Support
Western Health
709-637-5000 ext 5322
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3 pm on Tuesday?? If so, you can send along a Outlook request. I can come there if you want.

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
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St. John’s, NL A1B 4J6
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E-mail: donnamushrow@gov.nl.ca

From: Nicole Gill [mailto:nico/e.gill@nlchi.nl.ca]
Sent: Thursday, March 20, 2014 12:05 PM
To: Batstone, Angela E.; Mushrow, Donna
Cc: Karly Hamilton
Subject: RE: CCRT evaluation plan

Angie/Donna,

Any word yet on a list of representatives for the evaluation working group?

We have started to pull together a document that will form the evaluation plan; Donna, we would like to meet with you so that we can advance it a little further before sharing it with the working group. Are you available to meet with us sometime on Tuesday of next week?

Nicole

Nicole Gill
Manager of Research
Newfoundland and Labrador Centre for Health Information
70 O’Leary Avenue, St. John’s, NL A1B 2C7
Tel: (709) 752-6027 Fax: (709) 752-6035
Email: nico/e.gill@nlchi.nl.ca
Web: www.nlchi.nl.ca
Hi Nicole,

We did ask the regions to put forward names for the evaluation committee. We are having another meeting tomorrow so hopefully we will have a list of representatives from the RHAs to you shortly.

Angie

Angie Batstone
Director (A)
Long Term Care and Community Support Services
Department of Health and Community Services
Government of NL
Email: angelabatstone@gov.nl.ca
Phone: 729-7686

Hi Angie,

I wanted to check in with you on the Community Rapid Response Initiative so that we can take the next steps with respect to the evaluation plan. I believe there was a Steering Committee meeting planned where you were going to mention the possibility of forming an evaluation working group to guide the development and implementation of the evaluation plan – did this happen? We have reviewed the documents that Donna has provided us and have started to pull together the bare bones of an evaluation plan. But we would like to meet with one or both of you again to review what we’ve pulled together before meeting formally with the evaluation working group (if you’ve decided to go that route).

If you could touch base with us when you get a chance we’d appreciate it.

Many thanks,

Nicole Gill
Manager of Research
Newfoundland and Labrador Centre for Health Information
70 O'Leary Avenue, St. John's, NL A1B 2C7
Tel: (709) 752-6027 Fax: (709) 752-6035
Email: nicole.gill@nlchi.nl.ca
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Hi Tammy

We looked at the presentation time to ED for the analysis in all of the regions. Not surprisingly, all of the curves were very similar. Numbers began to increase between 7 and 8 am with peaks between 11am and 2 pm and then gradually decreasing into the early evening hours. Numbers are greater on weekdays than weekends.

Additionally we considered that weekends would have further impacts as there would be challenges with getting referrals to the community on weekends with reduced staffing.

Hoping that this helps.

Donna

Donna Mushrow
Policy Consultant
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Department of Health and Community Services
Government of Newfoundland and Labrador
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St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

Hi Donna,

Just had a couple questions re: CRRT.

Can you tell me when you analyzed our data was it based upon admit date and time or registration date and time? As well from your review when was the peak time that would indicate when we need the CHN in the ER for the Rapid Response Team?? Was there a difference in the trending for weekdays vs weekends? We are trying to decide re: posting positions and when we want the position working in ER.

Thanks
Tammy
Tammy Priddle  
Regional Director Community Support  
709-637-5000 ext: 5322  
tammypriddle@westernhealth.nl.ca  
P.O. Box 2005  
Corner Brook, NL  
A2H 6J7

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Sorry Donna- this was supposed to go to you too but I had trouble with your email.

Thx

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John's, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

"Flu Prevention Begins with YOU!"
From: Mushrow, Donna
To: "Nicole Gill"
Subject: RE: Community Rapid Response Team
Date: Wednesday, February 12, 2014 4:26:00 PM

done

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

From: Nicole Gill [mailto:nicole.gill@nlchi.nl.ca]
Sent: Wednesday, February 12, 2014 4:23 PM
To: Mushrow, Donna
Subject: RE: Community Rapid Response Team

Can your admin support set it up?

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: February 12, 2014 4:20 PM
To: Batstone, Angela E.; Nicole Gill
Subject: RE: Community Rapid Response Team

agreed

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca
From: Batstone, Angela E.
Sent: Wednesday, February 12, 2014 4:15 PM
To: Nicole Gill; Mushrow, Donna
Subject: RE: Community Rapid Response Team

Here works better for me.

Angie Batstone
Director (A)
Long Term Care and Community Support Services
Department of Health and Community Services
Government of NL
Email: angelabatstone@gov.nl.ca
Phone: 729-7686

From: Nicole Gill [mailto:nicole.gill@nlchini.nl.ca]
Sent: Wednesday, February 12, 2014 4:13 PM
To: Mushrow, Donna
Cc: Batstone, Angela E.
Subject: RE: Community Rapid Response Team

Before I send the meeting invite, just want to confirm where you’d like to meet. You are certainly welcome to come to the Centre but we can also come up your way if you have meeting space available. I’ll wait to hear from you.

From: Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]
Sent: February 12, 2014 3:38 PM
To: Nicole Gill
Cc: Batstone, Angela E.
Subject: RE: Community Rapid Response Team

Perfect!

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John’s, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

From: Nicole Gill [mailto:nicole.gill@nlchini.nl.ca]
Sent: Wednesday, February 12, 2014 3:09 PM
To: Mushrow, Donna
**Cc:** Batstone, Angela E.  
**Subject:** Re: Community Rapid Response Team

Sure, I'll send out a meeting invite.

---

**From:** Mushrow, Donna [mailto:DonnaMushrow@gov.nl.ca]  
**Sent:** Wednesday, February 12, 2014 03:07 PM  
**To:** Nicole Gill  
**Cc:** Batstone, Angela E. <angelabatstone@gov.nl.ca>  
**Subject:** RE: Community Rapid Response Team

Hi Nicole

Can I suggest Feb 25th at 9 am?? If so, please go ahead and send along a meeting request for myself and Angie.

Donna

Donna Mushrow  
Policy Consultant  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
P.O. Box 8700  
St. John's, NL A1B 4J6  
Phone: (709) 729-7961  
Fax: (709) 729-4009  
E-mail: donnamushrow@gov.nl.ca

---

**From:** Batstone, Angela E.  
**Sent:** Wednesday, February 12, 2014 2:39 PM  
**To:** Nicole Gill  
**Cc:** Mushrow, Donna  
**Subject:** RE: Community Rapid Response Team

Hi Nicole,

Donna Mushrow is the lead on this file and she is away next week. Can we schedule a meeting the week of the 24th?

Angie

Angie Batstone  
Director (A)  
Long Term Care and Community Support Services  
Department of Health and Community Services  
Government of NL
Hi Angie,

I understand the evaluation plan for this initiative needs to be completed by the end of April. Could we set up a time to meet next week with you or a member of your team to discuss the evaluation requirements so we can get things started? Wednesday or Thursday would work best for me.

Thanks,

Nicole Gill
Manager of Research
Newfoundland and Labrador Centre for Health Information
70 O'Leary Avenue, St. John's, NL A1B 2C7
Tel: (709) 752-6027 Fax: (709) 752-6035
Email: nicole.gill@nlchi.nl.ca
Web: www.nlchi.nl.ca

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OOOPS.....you forgot to send me along the document with suggested changes!

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
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Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL  A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

-----Original Message-----
From: Batstone, Angela E.
Sent: Monday, February 10, 2014 1:52PM
To: Priddle, Tammy
Cc: Mushrow, Donna
Subject: RE: CRRT

Thanks Tammy.

Angie Batstone
Director (A)
Long Term Care and Community Support Services Department of Health and Community Services Government of NL
Email: angelabatstone@gov.nl.ca
Phone: 729-7686

-----Original Message-----
From: Priddle, Tammy [mailto: tammypriddle@westernhealth.nl.ca]
Sent: Monday, February 10, 2014 1:47 PM
To: Batstone, Angela E.
Subject: CRRT

Hi Angie;
Please see my comments/suggestion for review/discussion re TOR for Rapid Response Team Steering Committee and Working Group.

Thanks
Tammy

Tammy Priddle
Regional Director Community Support
709-637-5000 ext: 5322
tammypriddle@westernhealth.nl.ca
P.O. Box 2005
Corner Brook, NL
-----Original Message-----
From: W.WMH.P198@WESTERNHEALTH.LOC [mailto:W.WMH.P198@WESTERNHEALTH.LOC]
Sent: Monday, February 10, 2014 12:27 PM
To: Priddle, Tammy
Subject: Scan from a Xerox WorkCentre

Attached is your scanned document. To stay within your email quota, save this attachment to your J: drive. Once saved, you can delete this message. Sent from a Western Health Photo Copier Do not reply to this Email. All information in this communication, including attachments, is strictly confidential and intended solely for delivery to and authorized use by the addressee(s) identified above, and may contain privileged, confidential, and/or proprietary information entitled to protection and/or exemption from disclosure under applicable law. If you are not the intended recipient, please take notice that any disclosure, copying, distribution, and/or any action taken or omitted to be taken in reliance upon it, is unauthorized and may be unlawful. If you have received this communication in error, please notify the sender immediately and delete the message and any attachments from your system.
Hi Natasha

Each Rapid Response Team will be compromised of:
- 2 FTE community health nurses;
- 1 FTE nurse practitioner;
- 0.5 FTE physiotherapist and
- 0.5 FTE occupational therapist.
- 1 FTE administrative support;

These are all newly identified resources.

There will be a nurse who has a community focus from these resources that will assess clients in the emergency room and make referrals for follow-up in the community. The remainder of the team will create capacity for follow-up in the community for the clients to be followed.

Let me know if this helps.

Donna

Donna Mushrow
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Long Term Care and Community Support Services
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Government of Newfoundland and Labrador
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St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca

Donna,

Are you able to answer the question below?

Natasha
Hi again,

Who is on the multi-disciplinary team? Are all members of the team coming to the Emergency dept when called or does the team consist of a nurse who is already working in Emerg plus other disciplines (e.g. Social Work, etc.)

Maureen Delaney  
Program Consultant, MIS and Costing  
Health Spending and Strategic Initiatives

Phone: (613) 694-6418  
Fax: (613) 241-8120  
mdelaney@cihi.ca

Better data, Better decisions, Healthier Canadians

Maureen,

Would you know which national account to which we should map the account below? Case management (71509) or something else?

Natasha

Hi all,

Definition for this account is below.
The functional centre pertaining to a multidisciplinary team that assesses clients at emergency departments for eligibility for enhanced service(s) to have those that are medically stable return home and be supported with short term enhanced home care - including home support.

From: Kennedy, Natasha  
Sent: Monday, January 06, 2014 3:16PM  
To: Squire, Chris (chrisssquare@westernhealth.nl.ca); Bailey, Kellie (Kellie.Bailey@centralhealth.nl.ca); Fudge, Kim (Kim.Fudge@centralhealth.nl.ca); Dave Cook (Dave.Cook@easternhealth.ca); Rick Hindy (Rick.Hindy@easternhealth.ca); Carmel Woodford (Carmel.Woodford@easternhealth.ca); Sharon Lehr (sharon.lehr@easternhealth.ca)  
Cc: 'Michele Hodder (Regional Director)' (michele.hodder@lghealth.ca); William Bye (william.by@nlchi.nl.ca); Deanne Thompson (deanne.thompson@nlchi.nl.ca); Victoria Strange (victoria.strange@nlchi.nl.ca); katherine.stein@nlchi.nl.ca  
Subject: New primary: 715 92 18 Rapid Response

Hi everyone,

Happy New Year!!

It has come to our attention that 3 of the 4 RHAs (Michele you won’t have to worry about this one) will need a new account for Community Rapid Response. The number for this functional centre is 715 92 18 and will be called Rapid Response. Definition for this account will follow.

If you have any questions please let me know.

Thanks,

Natasha

Natasha Kennedy  
Manager of Financial Information Services  
Dept. of Health & Community Services  
1st floor, Confederation Bldg, West Block  
P.O. Box 8700  
St. John’s, NL A1B 4J6  
Tel.: (709)729-3446  
Fax: (709)729-3151  
Email: nkennedy@gov.nl.ca

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Hi all,

Please find attached the draft Terms of Reference for the Committee structure that will be tasked with moving the Community Rapid Response Team Initiative forward.

For your reference, the structure is outlined below. You may want to have another look at the individuals that were initially identified within your regional health authority working groups and adopt any changes that you deem necessary based on the needs within your organizations. The members that are on this e-mail for Western and Central have been identified for the Provincial Steering Committee.

Karen/Gail – Can you please confirm the representation for the Provincial Steering Committee for the Emergency Department and Community at Eastern?

The initial meeting of the Provincial Steering Committee is tentatively scheduled for 2 pm on February 26, 2014. Details with teleconference information to follow.

Thanks

Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John’s, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca
Thank you Angie for the clarification.

Karen Milley  
Regional Director Home & Community Care & Public Health  
Eastern Health  
Mt Pearl Square,  
Phone 709 752-4520  
Fax 709 752-4989  
email Karen.Milley@easternhealth.ca

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-----Original Message-----
From: Batstone, Angela E. [mailto:angelabatstone@gov.nl.ca]  
Sent: February 3, 2014 9:45 PM  
To: Karen Milley; Mushrow, Donna  
Cc: Alice Kennedy  
Subject: RE: CHN Posting Rapid Response

Hi Karen,  

Donna and I reviewed the HR funding for the rapid response team. Funding is provided to support 2FTE Community Health Nurse Positions. These are classified as NS 31 which I understand are CHN II position. Hope this provides clarification.

Angie

Angie Batstone  
Director (A)  
Long Term Care and Community Support Services Department of Health and Community Services Government of NL  
Email: angelabatstone@gov.nl.ca  
Phone: 729-7686

-----Original Message-----
From: Karen Milley [mailto:Karen.Milley@easternhealth.ca]  
Sent: Tuesday, January 21, 2014 8:28 AM  
To: Batstone, Angela E.; Mushrow, Donna  
Cc: Alice Kennedy  
Subject: RE: CHN Posting Rapid Response

Thanks Angie,
Will you be providing direction following your discussion?

Karen Milley  
Regional Director Home & Community Care & Public Health Eastern Health Mt Pearl Square, Phone 709 752-4520  Fax 709 752-4989 email Karen.Milley@easternhealth.ca

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-----Original Message-----
From: Batstone, Angela E. [mailto:angelabatstone@gov.nl.ca]  
Sent: January 20, 2014 2:30 PM  
To: Karen Milley; Mushrow, Donna  
Cc: Alice Kennedy  
Subject: RE: CHN Posting Rapid Response

Hi Karen,

We are currently discussing this. We did agree that the key to the success of the project will be an experienced CHN, however, the Budget only provided funding for a CHN I.

Angie

Angie Batstone  
Director (A)  
Long Term Care and Community Support Services Department of Health and Community Services Government of NL  
Email: angelabatstone@gov.nl.ca  
Phone: 729-7686

-----Original Message-----
From: Karen Milley [mailto:Karen.Milley@easternhealth.ca]  
Sent: Monday, January 20, 2014 9:13 AM  
To: Mushrow, Donna; Batstone, Angela E.  
Cc: Alice Kennedy  
Subject: FW: CHN Posting Rapid Response

Hi Donna and Angie,

At one of our meetings there was a discussion that because of the qualifications for this position that it may be posted as a CHN II position, but I notice as per the attached that Central is posting as CHNI. Is the decision to post as a CHN I?

Karen Milley  
Regional Director Home & Community Care & Public Health Eastern Health Mt Pearl Square, Phone 709 752-4520  Fax 709 752-4989 email Karen.Milley@easternhealth.ca

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Hi Karen & Liz

Please see attached posting for nursing positions with the Rapid Response Team in Grand Falls. Nisha brought this to my attention. Interesting to note that they are calling the position a "Coordinator" bit a CHN 1 position (NS30) but are asking for 3 years experience & certification which is totally what we want but were never allowed to put in a CHN 1 posting. The posting looks good though so hopefully we can use it when we're ready to post.

I wonder what their plans are if they have started to advertise???

Dawn

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
St. John's, NL A1B4A4
PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

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-----Original Message-----
From: Dawn Gallant 
Sent: January 16, 2014 4:36 PM
To: Karen Milley; Elizabeth Kennedy
Subject: FW: CHN Posting Rapid Response

Dawn Gallant RN, BN, CCHN(C)
Primary Health Care Manager
Eastern Health
20 Cordage Place, PO Box 13122
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PH: 752-4993 Fax: 752-4975
dawn.gallant@easternhealth.ca

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-----Original Message-----
From: Dawn Gallant [mailto:Dawn.Gallant@easternhealth.ca]
Sent: Thursday, January 16, 2014 4:20 PM
To: Dawn Gallant
Subject:

This E-mail was sent from "RNP2F2C38" (Aficio MP 2851).

Scan Date: 01.16.2014 16:20:19 (-0330)
Queries to: noreply@easternhealth.ca
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Hi Seamus

As per your request, attached is a short document that will provide an overview for the purpose of NLCHI initiating an evaluation framework.

Please let me know if you need anything further.

I will be leaving the office shortly and will be back in on Wednesday.

Donna
Also Angie, just became aware this AM that Central had advertised their nursing positions for Rapid Response. I didn’t think we were to that stage in this initiative?

Alice

---

Angie,

I’m not sure what level you are looking for? Are you planning to meeting with our EH group and thought we had a number of areas we needed to have further discussion on. What will be the role of this committee versus our EH steering committee? Thanks

Alice

---

Good morning everyone,

As discussed in our initial rapid response team meeting, we will be establishing a Steering Committee for this initiative that will link with working groups in the regions. As requested, can you please provide the names of two individuals to sit on this committee, preferably one from community and one from emergency. As soon as we have finalized the committee composition I will be scheduling a meeting. I was not sure who I should send the email to, so I decided to start with the VPs of community. Please call me if you have any questions. Thanks!

Angie

Angie Batstone
Director (A)
Long Term Care and Community Support Services
Department of Health and Community Services
Government of NL
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Please find attached an agenda for the meeting this afternoon.

Donna

Donna Mushrow
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E-mail: donnamushrow@gov.nl.ca
Thanks...I will be sending along a request to identify times for a meeting shortly.

Donna

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---

Hi Donna - I have confirmed that Dr Picco is located at the

---

Hi Gail

I understand that [REDACTED] will be a member of the Eastern Health Working group for this initiative. Can you please provide me with an e-mail for a upcoming planned contact?

Thanks

Donna

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Here is the document with the annex attached.

Donna

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Debbie

Debbie Humphries
Long Term Care & Community Support Services Division
Department of Health and Community Services
Phone: 709-729-3120
Fax: 709-729-4009

Sorry closed now!

Donna

Donna Mushrow
Do you still have this doc open

Debbie

Debbie Humphries
Long Term Care & Community Support Services Division
Department of Health and Community Services

Phone: 709-729-3120
Fax: 709-729-4009

Can you put the scan information that you did yesterday at the end of this document and call it Annex 1.

Please save in the Rapid Response File.

Thanks
Will attach the annex once I get your feedback.
Thanks Jason

Will be taking a look at the data over the coming days. Certainly appreciate efforts that were involved in putting this together.

Donna

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Hi Donna, Attachment not included in e-mail

In follow up to your request, attached is the Western Memorial Regional Hospital Emergency Department (ED) data to support the implementation of the Rapid Response Team initiative. The excel data sheet contains four fiscal years, from April 1, 2009 to March 31, 2013. The data sheet contains total visits age 18 years and above.

We are unable to provide data for fiscal year 2008/2009. As well, we are unable to provide the annual number of referrals from ED to community or presenting diagnosis as this is not captured within our current ED processes.

In reviewing the data elements requested as well as the complied data there are several points I wish to highlight:

1. Unique identifier – We have created unique identifiers (with the exception of 2009/10 fiscal year) based on sequential numbering for unique cases. This will support the identification of
unique cases as well as repeat visits.

2. Age – the unique age is provided as well as age grouping. You will note the age grouping of 18-64 years, thereafter age groupings are based on five year increments.

3. GP identified – the name is provided however there are unknown, UNK & U entries which indicate unknown, and None, No Doctor, No family and NIL indicating no general practitioner. The variance in data entries is related to free text data entry.

4. Triage – There is a NONE field within the triage data element indicating cases where triage level was not applicable as cases were registered to ED for medical treatments.

If you have any questions or concerns related to the data provided please contact me.

Password to Follow.

Paulette

Paulette Morgan
Regional Director Clinical Effectiveness
Western Health
Corner Brook, NL, Box 2005 A2H 6J7
Phone: (709) 634-4398
Fax: (709) 634-4591

Jason Marshall
Regional Wait List Manager
Western Health
P.O.Box 2005
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Hi Bex and Janice

Angie and I are hoping for a meeting to have a discussion as we move ahead with the ideas for the initiation of the planning working groups for the community rapid response initiative. We are hoping that you can join us for an initial discussion.
Hi Angie

Suggested revision for the BN above.

- NL's Budget for 2012, People and Prosperity, included an investment of $81.1M for long-term care infrastructure, including $1.6M for a protective care residence in Bonavista that will provide specialized care and accommodations for individuals with dementia. An additional $285,000 was allocated to implement the new Adult Protection Act which allows for the protection of adults who are incapable of caring for themselves properly, refuse or are unable to make decisions for care on their own behalf, and who are not currently receiving proper care and attention. NL has also developed a 10-year Long-Term Care and Community Support Services Strategy focused on enhancing services and programming for residents with dementia throughout the province. That will strengthen, revitalize and integrate the components of those sectors to provide support for individuals, including those with dementia.

Donna

Donna Mushrow
Policy Consultant
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St. John's, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-4009
E-mail: donnamushrow@gov.nl.ca
From: Legge, Wanda  
Sent: Tuesday, July 02, 2013 12:16 PM  
To: Simms, Herb  
Cc: Norman, Katie; Brake, Suzanne; Carter, Linda; Batstone, Angela E.; Rodway, Kathy; Reddick, Vanessa  
Subject: RE: COF lead note and prov position - Dementia

Thank-you Herb:

Earlier today, Suzanne was telling me about the initiatives you referenced and she was going to write something up.

Suzanne/Angie/Linda;
Would you please review Herb’s note and advise if there is anything you wish to add or modify?

Thank-you
Wanda

From: Simms, Herb  
Sent: Tuesday, July 02, 2013 12:06 PM  
To: Legge, Wanda  
Cc: Norman, Katie; Brake, Suzanne; Carter, Linda; Batstone, Angela E.; Rodway, Kathy; Reddick, Vanessa  
Subject: RE: COF lead note and prov position - Dementia

Hi Wanda,

Thanks for these.

I also should have sent this to you on Friday.

Any comment or insight would be appreciated.

From: Legge, Wanda  
Sent: Tuesday, July 02, 2013 11:57 AM  
To: Simms, Herb  
Cc: Norman, Katie; Brake, Suzanne; Carter, Linda; Batstone, Angela E.; Rodway, Kathy; Reddick, Vanessa  
Subject: RE: COF lead note and prov position - Dementia
Hi Herb:

I have some feedback on these notes and am expecting more, but in the interest of time, I am sending you what I have so far. If you wish to discuss let me know.

Wanda

Feedback:
- There appears to be some confusion with the notes as the Overview and key facts sections focus on supports and programs to assist people with dementia and their families; while the outcomes and communiqué sections are focused on diagnosis and treatment.
- From a NL perspective there are two main initiatives that can support Premiers' commitment to addressing the challenges associated with dementia:
  - The release of Close to Home: Strategy for Long-Term Care and Community Support Services (2012) many actions under this strategy are developed and implemented related to community supports, paid family care-giver initiatives and rapid response teams to support early intervention for seniors with complex needs.
  - The release of Improving Health Together: A chronic disease prevention and management policy framework (2011) is exploring and implementing some broad initiatives that will support many chronic diseases from early intervention to management of the disease.
  - The disease specific issue of dementia is still being explored and has not come to the forefront

From: Simms, Herb
Sent: Thursday, June 27, 2013 11:41 AM
To: Legge, Wanda
Cc: Norman, Katie
Subject: COF lead note and prov position

Good morning Wanda, attachment not included in e-mail

Any comments or insights into the attached lead note and proposed communiqué language would be greatly appreciated.

I am also working on a position note on dementia and would be grateful for any background info you can share with us.

Thanks for your help,
Hi Alice,

I believe that Debbie Morris may have spoken to you regarding a second Community Rapid Response Team for Eastern Health announced in Budget 2013 that will be targeted to SCMH. I am inquiring if there will need to be any further representation from Eastern Health for the working group with regards to that site.

To date the names that have been submitted from Eastern Health are Karen Milley, Judy Davidson, Dr. Bridget Picco and Gail Downing. If there are others that need to be involved in the working group with respect to SCMH, please submit those names to me.

We have not confirmed a date for a conference call for the discussion but will be in touch.

Thanks
Donna

Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
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E-mail: donnamushrow@gov.nl.ca
Sure...couple of calls to make...say for 10?

Donna

Donna Mushrow  
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E-mail: donnamushrow@gov.nl.ca

Could we get together this am on a few decision points needed to move forward/

Debbie Morris  
Director (A)  
Long Term Care & Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
P.O. Box 8700  
St. John’s, NL A1B 4J6  
Tel: (709) 729-7656  
Fax: (709) 729-0089  
Email: debbimorris@gov.nl.ca

HI Debbie do you have any idea about the timelines with the establishment of the rapid response teams. One of the issue for us is physical space(we have none) Are these teams normally physically located at the hospital site or in a community setting? Approx. how many staff are we talking about?
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Updated per request.

Donna

Donna Mushrow
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St. John’s, NL A1B 4J6
Phone: (709) 729-7961
Fax: (709) 729-7778.
E-mail: donnamushrow@gov.nl.ca
Hi Janine

I can be your department contact in relation to the Rapid Response Teams.

These teams have not yet been initiated. Initial discussion with the VP at the RHAs have been completed and we are in the process of setting up working group to discuss policy development and implementation plans.

Just to let you know in advance, I will be away from the office from Apr 12-23 inclusive.

Donna

Donna Mushrow  
Policy Consultant  
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E-mail: donnamushrow@gov.nl.ca

---

Donna could you be the contact for this?

Thanks

Debbie Morris  
Director (L)  
Long Term Care & Community Support Services  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
P.O. Box 5700  
St. John's, NL A1B 4J6  
Tel: (709) 729-7638  
Fax: (709) 729-1009  
Email: debbimorris@gov.nl.ca
Yes the plan is to bring everyone together for one meeting.

Janine Hickey  
Manager of Health Workforce Planning  
Health Workforce Planning Division  
Dept. Health and Community Services  
1st Floor, West Block, Confederation Building  
P.O. Box 8700 St. John's, NL A1B 4J6  
Tel: 709-729-5033  
Fax: 709-729-3416  
Email: janinehickey@gov.nl.ca

Is this just one meeting?

Debbie Morris  
Director ADU  
Acute Health Services and Emergency Response  
Department of Health and Community Services  
Government of Newfoundland and Labrador  
P.O. Box 5700  
St. John's, NL A1B 4J6  
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Fax: 709-729-1090  
Email: debbiemorris@gov.nl.ca

Hi Everyone
As you may remember the two models in this province that are most similar to the models proposed by the HCIWG was the **Rapid Reponse Teams** and the **EH ER pilot for intensive care management for individuals with chronic disease**.

Heather has requested that I arrange a meeting with those involved in these projects to discuss.

Debbie/Angie – can you please advise who would be best to invite to discuss rapid response both from the Department and from the RHAs?

Linda – I have some discussion with Dawn Gallant about the pilot at EH but wondering who else would be appropriate to invite? I think Gail Downing is the Director @ EH with responsibility for the ER. Would you attend or would Janice be more appropriate?

If you guys can let me know I will arrange the meeting. The purpose of the meeting is to discuss the projects and to give the RHAs a brief overview of the work that has been ongoing.

Thanks!

**Janine Hickey**  
Manager of Health Workforce Planning  
Health Workforce Planning Division  
Dept. Health and Community Services  
1st Floor, West Block, Confederation Building  
P.O. Box 8700 St. John's, NL A1B 4J6  
Tel: 709-729-5033  
Fax: 709-729-3416  
Email: janinehickey@gov.nl.ca
Hi Jennifer

I understand that you are looking for a couple of bullets for the Community Rapid Response Teams:

- Funding has been provided to initiate two Rapid Response Teams that will provide access to enhanced community-based health services for seniors who present at an emergency department, and could otherwise be supported at home and avoid hospital admission.
- Teams will be multidisciplinary and include nursing, physiotherapy, occupational therapy and physicians who provide short-term intervention and support to seniors in their own homes.
- Clients utilizing the enhanced follow-up services available through the rapid response initiative will be referred to routine community support programs as their condition improves.
- Preliminary assessment, utilizing alternate level of care data and implementation of over capacity protocol policies, is suggesting the placement of the teams at Central Newfoundland Regional Health Centre in Grand Falls-Windsor and St. Clare’s Mercy Hospital in St. John’s. Further and in-depth consultation is required at the regional health authorities before finalizing these sites.
- A working group will be initiated in late November to engage the regional health authorities for the launch of this pilot project.
Donna

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E-mail: donnamushrow@gov.nl.ca
Here’s a one pager on the Community Rapid Response.

As discussed, I do not see including the implementation of the RAI-HC assessment as appropriate based on the information that has been requested.

Donna
Just looking through some presentations from the Canadian Home Care Conference (the idea tree that we did not get to visit this year as a result of travel restrictions!) and found these presentations that may lend some further ideas for our rapid response initiation.

I have copies for the file that is started.
Let me know if this is not the referenced document.

Donna
From: Jewer, Michelle N.
Sent: Monday, April 23, 2012 4:15 PM
To: King, Tracy; Morris, Debbie; Medd, Blair; Sanger, Janice
Subject: RE: Allied Health Key messages for Budget

see attached for breakdown of what was approved for total ED strategy (first tab in workbook), and what portion was for community rapid response (second tab in workbook), and what portion was for the remaining ED strategy components (third tab in workbook). Original news release on wait times stated $534,000 for community rapid response, however, this did not allocate any funding for start-up and travel to other positions approved under this initiative so actual community rapid response investment should have been $491,500 as per attached.

If you have any questions please let me know.

Michelle

Michelle Jewer, C.A.
Departmental Controller
Department of Health and Community Services
Government of Newfoundland and Labrador
PO Box 8700
St. John's, NL
A1B 4J6

(709) 729-5287 (t)
(709) 729-3151 (f)

From: King, Tracy
Sent: Saturday, April 21, 2012 12:38 PM
To: Morris, Debbie; Medd, Blair; Sanger, Janice
Cc: Jewer, Michelle N.
Subject: RE: Allied Health Key messages for Budget

Neither Debbie nor I were involved in the final determination of what was going forward as rapid response as part of the ed strategy. In looking at the budget note, I'm not sure any PTs/OTs were approved for rapid response. Janice, perhaps you could look at what was approved for initiatives that you know about and identify what remains and we can determine if any of those allied health professionals are for rapid response?

Tracy King
Assistant Deputy Minister, Policy and Planning
Department of Health and Community Services
Government of Newfoundland and Labrador
709.729.3103
I do not have the budget decision on the rapid response. It was not included in the budget details finance gave us. Tracy do you have it. I don't know what was approved in the end.

Department of Health & Community Services.
Executive Council
Government of Newfoundland and Labrador
P.O.Box 8700
St.John's, NL
Canada
A1B 4J6

---

Good morning everyone,

Re the 1st bullet on the joint replacement strategy...
I think we should add that these 2 additional PTs EH are to provide physio coverage 7 days/week on a regularly scheduled full time basis, so that all hip and knee joint replacement patients can receive physio services on a consistent basis throughout their inpatient stay. This will help to reduce lengths of stay, so that patients are ready for discharge according to the recommended care pathway. Reductions in length of stay are an important means of creating efficiency and capacity to perform additional surgeries to address the backlog.

The social worker and OT pos’ns listed in the joint replacement strategy are 0.5 FTE each. These pos’ns along with the PT will work as members of an interdisciplinary team in a new central intake clinic for orthopedic services in CH and WH.

Re the 2nd highlighted bullet....
Debbie, I have included you in this e-mail as I indicated to Heather yesterday that the verbiage on the CRRT in the ED strategy is your file.
Can you review and get back to Heather, Blair and Jenn with the info they need please?

Janice

Sent Via BlackBerry

---

Blair

Attached are key messages re allied health employees for Budget.
Comments in yellow will be verified and completed by Janice Sanger.

Let me know if you need changes.

Heather
Lovely!

Donna Mushrow
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E-mail: donnamushrow@gov.nl.ca

From: Morris, Debbie
Sent: Wednesday, January 04, 2012 9:26 AM
To: Mushrow, Donna
Subject: FW: ED Accountability /Evaluation Framework

Debbie,
Nothing to share this evening, but we will have a draft for your input by 1000ish tomorrow.
Seamus and Krista – Debbie will need to provide input in the terms of the evaluation of the Rapid Response Teams (Project) outlined in the ED strategy.
Thanks,

JANICE SANGER | Director – Access & Clinical Efficiency Division
Donna Mushrow
Policy Consultant
Long Term Care and Community Support Services
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6
Phone: (709) 729-7961
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E-mail: donnamushrow@gov.nl.ca

-----Original Message-----
From: Morris, Debbie
Sent: Thursday, November 10, 2011 2:18 PM
To: Mushrow, Donna
Subject: FW: Rapid response

-----Original Message-----
From: King, Tracy
Sent: Thursday, November 10, 2011 2:11 PM
To: Morris, Debbie
Subject: Rapid response

Please send the current version of this bn to Janice Sanger, we will discuss.
Department of Health & Community Services
Executive Council
Government of Newfoundland and Labrador
P.O.Box 8700
St.John's, NL
Canada
A1B 4J6

Sent Via BlackBerry
2015
ADDITIONAL
MINUTES
Community Rapid Response Teams
Provincial Steering Committee

MINUTES JANUARY 19, 2016 11:00 AM TELECONFERENCE

ATTENDEES
Karen Milley, Dawn Gallant, Tammy Priddle, Deena Waddleton, Annette Bridgeman, Karen Nolan, Teara Freake, Natalie Reardon, SueAnn Kean

REGRETS
Roger Butler, Elizabeth Kennedy

REVIEW OF MINUTES AND PROPOSED AGENDA

DISCUSSION
The meeting was called to order at 10:05. The minutes from the previous meeting were adopted. The agenda for the meeting was accepted with the Evaluation added as new business to be discussed with the agenda item on 'Client Surveys'.

It was noted that Deena Waddleton will be replacing Donna Mushrow (who returned to EH) as chair of this committee.

CONCLUSIONS
Minutes adopted

ACTION ITEMS
N/A

PERSON RESPONSIBLE
N/A

DEADLINE
N/A

REGIONAL UPDATES

DISCUSSION
Eastern: Between September 2014 (when the program first began) up to December 31, 2015, 369 clients have availed of CRRT – 28 were through early discharge from HSC and the remaining clients were accepted through the Emergency Department at HSC or SCMH. More than 600 clients were either deemed ineligible or declined service (e.g. the individual felt that they had adequate services at home).

EH will be advertising for additional OT/PT services:

- FTE OT/PT for CRRT
- FTE OT/PT for Home and Community Care Program
- FTE OT/PT for Home First Pilot Program (EH began this 3 month pilot program on January 18th which will involve patient assessments within the hospital with a goal to discharge)

s.38(1)(a)
the NP position remains posted.

**Central:** 131 patients have been assessed to date; 98 accepted to CRRT. At the end of both November and December, there were 7 active clients on CHs case load. CH has still not been able to secure an

The clerk position has now been filled.

**Western:** 232 patients have been referred to CRRT; 105 have been accepted. Up to the end of December, there were 7 active clients on the caseload. They are accepting clients from acute care but only minimal uptake and would like to increase. WH would like to expand to include individuals in the community with high DIVERT scale (see section below).

**CONCLUSIONS**

No follow-up required.

**ACTION ITEMS**

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<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
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<tbody>
<tr>
<td>EH to explore contracting out of OT/PT services if positions cannot be filled;</td>
<td>Karen Milley/Dawn Gallant</td>
<td>N/A</td>
</tr>
<tr>
<td>CH will evaluate contracting out OT services.</td>
<td>SueAnn Kean</td>
<td></td>
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</tbody>
</table>

**CLIENT SURVEYS/EVALUATIONS**

**DISCUSSION**

65 surveys have been returned to date. There was discussion on how to increase completion rate. The option of using administrative to make follow up phone calls was discussed. This issue will be discussed at the next evaluation committee meeting.

With respect to the evaluations, NLCHI advised that we need to adjust evaluation framework given the changes in the eligibility criteria which differ between RHAs. Based on these changes, it is necessary to conceptualize differences between RHAs.

The importance of evaluating patient outcomes was also highlighted. It was suggested that patients should be tracked post-CRRT to evaluate whether they remained at home, represented to ER, admitted to acute care or LTC, etc. There was discussion on how to get this information including, using Decision Support staff at RHA and self-reporting on survey. Consent form may need to be changed to track this information as it currently only gives permission to contact the patient. NLCHI advised that they may be able to access information through a QA project.

**CONCLUSIONS**

**ACTION ITEMS**

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<th>ACTION ITEMS</th>
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<tbody>
<tr>
<td>Dawn to follow up with Decision Support regarding data to track patient’s post-CRRT.</td>
<td>Dawn Gallant</td>
<td></td>
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</table>
At the last meeting, there was discussion on “The Detection of Indicators and Vulnerabilities for Emergency Rooms Trips Scale” (DIVERT Scale) and how it could be used to identify home and community care clients at risk of unplanned emergency department use. Some RHAs indicated that some individuals with high DIVERT scores are already receiving services of CRRT. In WH, the RAI coordinator ran a report which identified a high number of patients with DIVERT scores of 4 and 5. It was agreed that WH will explore program expansion to include individuals this group of clients. Consideration will be given to existing capacity and required resources.

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<th>ACTION ITEMS</th>
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<tbody>
<tr>
<td>WH to share report with DHCS.</td>
<td>Tammy/Teara</td>
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**NEXT MEETING/CONCLUSION**

TBD

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<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
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<tbody>
<tr>
<td>Send Meeting Request</td>
<td>Deena</td>
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</table>
Community Rapid Response Teams  
Provincial Steering Committee  

MINUTES  NOVEMBER 17, 2015  2:00 PM  TELECONFERENCE

ATTENDEES  Karen Milley, Dawn Gallant, Tammy Priddle, © Donna Mushrow, Karen Nolan, Nicole Gill, Teara Freake, Natalie Reardon Annette Bridgeman, SueAnn

REVIEW OF MINUTES AND PROPOSED AGENDA

DISCUSSION
The meeting was called to order at 2:07. The minutes were adopted with a point of clarification from [redacted] referenced in the CH update is [redacted] The agenda for the meeting was accepted with DIVERT added as new business.

CONCLUSIONS
Minutes adopted s.40(1)

ACTION ITEMS

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REGIONAL UPDATES

DISCUSSION

**Eastern:** 350 clients have availed of CRRT to date and an additional 650 clients were either deemed ineligible or declined service. Of the 350 clients that availed of CRRT, 26 of these clients released through early discharge from HSC since the criteria was revised on June 15, 2015. EH has not expanded early discharge for the SCMH site as they need additional OT/PT resources to be able to respond to the demand for those services. Additionally, acute care staff needs coaching and support that is planned begin through clinical efficiency before Christmas.

**Central:** SueAnn was able to hear the teleconference but was not able to be heard. She provided an update via email advising that uptake for their team continues to improve but at a slow pace. The referrals are coming from the ER doctors in CNRHC and the surgical unit. There are currently 4 clients on the caseload today with two new referrals pending. The NP advised that over the past couple of weeks they have had as many as 10-12 on the case load. SueAnn has asked the NP to put together a presentation as she plans to meet with the chief of staff in CNRHC and the leadership council in an effort to gain more support.
In total, there have been 213 referrals for CRRT. As of last week, there are 7 active clients in WH. They are accepting clients from acute care with little uptake. WH continues to work with restorative care to with the goal to identify patients who could be discharged early and provide support in the transition to home. WH is struggling with CRRT vacancies: one of the CHNs resigned but a new recruit has been hired and is expected to start soon; PT service continues to be contracted 2 days/week while recruitment remains ongoing.

**CONCLUSIONS**

No follow-up required.

**ACTION ITEMS**

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**CLIENT SURVEY**

**DISCUSSION**

A total of 53 surveys have been completed and returned to date. Of the 53 surveys, 22 reflect the RHA where the client received service (EH – 16; WH – 3; CH – 3).

Clients have the option to complete the survey over the phone and it can be completed by a caregiver. The survey can also be completed on-line and has an electronic link to ensure anonymity.

Some data quality issues that have been identified. NLCHI will be reviewing data and identifying gaps and areas that need to be addressed. NLCHI has already met with EH and will also be meeting with CH and WH in the near future. The gaps in the data includes the time (hh/mm) that the service has been used.

Overall the feedback has been positive, especially from the caregivers. One common issue that arises relates to home support workers (e.g. different workers showing up different times).

It was proposed that the survey be used to identify SW usage.

It was suggested that the consent form that is initially signed by the client be updated as the person to be contacted for the consent to be completed by phone is Natalie Reardon.

**CONCLUSIONS**

**ACTION ITEMS**

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<tr>
<th>ACTION ITEMS</th>
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</thead>
<tbody>
<tr>
<td>NLCHI to meet with CH and WH; Amend survey to include usage of SW</td>
<td>Natalie/Nicole</td>
<td>Nov 2015</td>
</tr>
<tr>
<td>Amend consent form</td>
<td>Natalie</td>
<td>Nov 2015</td>
</tr>
</tbody>
</table>
The Detection of Indicators and Vulnerabilities for Emergency Rooms Trips Scale (DIVERT Scale)

The DIVERT Scale is intended to help identify home and community care clients at risk of unplanned emergency department use. DIVERT Scale Scores range from 0 to 6, distinguishing 6 different risk categories. A score of 6 represents the highest level of risk. (Source: CIHI: HCRS and HCRS-CA Specification Changes for 2015-2016; March 2015)

As of June 2015, DIVERT is a new scale that is available in our RAI software. The DIVERT Scale can aid to identify individuals Donna has had some early discussion with WH to pull data to estimate number of individuals in the community with a high risk of presenting to the emergency department.

The group agreed with the potential use of DIVERT and it was suggested that following some data analysis, criteria may be put in place to identify select clients who could benefit from CRRT resources and consider increased assessment intervals for these clients.

CONCLUSIONS
Consider data to identify clients who could benefit from CRRT resources prior to presentation to the emergency department.
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<th>ACTION ITEMS</th>
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<tbody>
<tr>
<td>Review the DIVERT Scale data</td>
<td>Donna to connect with Joy at WH</td>
<td>Dec 2015</td>
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</table>

**NEXT MEETING/CONCLUSION**

Next meeting will be held on January 19, 2015 at 11 am. Meeting adjourned at 3:00.

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<th>ACTION ITEMS</th>
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<tbody>
<tr>
<td>Send Meeting Request</td>
<td>Donna</td>
<td>November 2015</td>
</tr>
</tbody>
</table>
Review of Minutes and Proposed Agenda

Discussion

The meeting was called to order at 3:35. The previous minutes were approved with a typo noted in WH's update. The agenda for the meeting was accepted. It was noted that Annette Bridgeman is the new acting director of LTCCS replacing Angie Batstone. In CH, SueAnn Kean has returned as the regional representative replacing Ann Rowsell.

Conclusions

Minutes adopted and agenda accepted as proposed.

Action Items

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<tr>
<th>Action Items</th>
<th>Person Responsible</th>
<th>Deadline</th>
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<td>N/A</td>
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Regional Updates

Discussion

Eastern: As of August 19th, 90 additional clients were added to the program since June for a total of 284 patients. Over the summer, 150 patients declined the program (includes ineligible patients) for a total of 504. EH will be expanding the program to one medicine unit at SCM and increasing from 1 to 2 medicine units at HSC. EH has been experiencing increased demand for OT and PT services in general.

Central: SueAnn has just returned to this program from [Redacted] and plans to meet with the team to discuss the current delivery and opportunities to increase capacity. The expansion to the Botwood area is working well and is receiving good uptake. [Redacted] has provided comments to the CH group which SueAnn will share with the group. It was also noted that the program is also losing the current administrative staff. Following the meeting, SueAnn provided the following statistical information for the month of August 2015:

- Total number of clients referred: 18
- Number admitted: 10
- Number on caseload: 4 at end of month
- Number discharge: 5
- Number that have refused: 2
- Number we have refused due to higher level of care required: 4
- Number Personal Care Home has refused: 0
- Number that have returned to ER and admitted: 3

Western: Currently there are 7 active clients on the CRRT program. Overall there have been 78 clients who have accessed the program. In the middle of July, WH began a “soft start” to expand...
eligibility. This approach was taken due to summer slowdowns. Of the total number of clients, six have been from acute care. Some clients have opted not to use CRRT for various reasons (e.g. individuals/family not wanting to return home; feel less care/services are available in the community vs acute care). Tammy to provide numbers of patients who have declined program.

Meetings have been held with restorative care and a process will be introduced in the coming weeks to pilot the discharge patients from restorative care to CRRT. Due to the limited OT/PT resources, clients should have minimal reliance in these areas. All other existing criteria will be applied to these clients.

CONCLUSIONS

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<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
<th>DEADLINE</th>
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</thead>
<tbody>
<tr>
<td>CH to share comments from along with current statistics</td>
<td>SueAnn Kean</td>
<td>Updates to be provided at the next meeting.</td>
</tr>
<tr>
<td>WH to provide number of patients opting not to use CRRT</td>
<td>Tammy Priddle</td>
<td></td>
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</table>

REPORT FROM PROVINCIAL MANAGER’S GROUP

DISCUSSION
No update available. It is felt that information that comes from this group will be communicated through regional updates. Topic to be removed as a reoccurring agenda item.

CONCLUSIONS Report from Provincial Manager’s Group to be deleted from agenda.

<table>
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<tr>
<th>ACTION ITEMS</th>
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<th>DEADLINE</th>
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<tbody>
<tr>
<td>Remove item from upcoming agenda</td>
<td>Donna Mushrow</td>
<td>N/A</td>
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</table>

CLIENT SURVEYS

DISCUSSION
Approximately 200 surveys have been sent out to CRRT clients – 21 were returned by mail and one by telephone interview. No surveys have been received directly from the RHAs. NLCHI to follow up the administrative staff at the RHAs to determine if additional surveys have been returned.

There was a high level of satisfaction from the respondents, with the exception of one. Expanded home care hours was one of the common recommendations. Feedback on the overall professionalism of home support staff was also noted.

The surveys currently do not identify the RHAs in that the client is located. As the surveys are at the RHAs it was suggested that the RHAs put an identifier on the survey before distributing to the client.

CONCLUSIONS Overall there was positive response to CRRT on the returned surveys
### Action Items

<table>
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<tr>
<th>Action Items</th>
<th>Person Responsible</th>
<th>Deadline</th>
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</thead>
<tbody>
<tr>
<td>NLCHI to follow up with RHAs re: completed surveys</td>
<td>Nicole/Natalie</td>
<td>For follow-up at the next meeting</td>
</tr>
<tr>
<td>RHAs to identify their region on survey prior to distribution to the client for completion</td>
<td>RHA admin staff</td>
<td>Natalie to follow-up with regions to have identifier placed on the surveys.</td>
</tr>
</tbody>
</table>

### Social Work

#### Discussion

s.38(1)(a), s.29(1)(a)

#### Conclusions

### Action Items

<table>
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<tr>
<th>Action Items</th>
<th>Person Responsible</th>
<th>Deadline</th>
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</thead>
<tbody>
<tr>
<td>RHA to develop proposal to support funding of social work position and submit to HCS.</td>
<td>Each RHA</td>
<td>September 30, 2015</td>
</tr>
<tr>
<td>HCS to develop decision note.</td>
<td>Donna Mushrow</td>
<td>Based on receipt of information from the RHA</td>
</tr>
</tbody>
</table>

### OT/PT

#### Discussion

s.38(1)(a)

It was noted that SAP has changes requiring all equipment be authorized by an OT and no longer an RN. It is felt that items, such as a bath bench, does not require an OT. HCS to follow up.

#### Conclusions

### Action Items

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<tr>
<th>Action Items</th>
<th>Person Responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCS to follow up on the SAP program change.</td>
<td>Donna Mushrow</td>
<td>Update at the next meeting.</td>
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</table>
**NEXT MEETING/CONCLUSION**

Next meeting has been scheduled for Tuesday, November 17 at 2 p.m. Meeting adjourned at 4:30.

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<th>ACTION ITEMS</th>
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<tbody>
<tr>
<td>Send Meeting Request</td>
<td>Donna Mushrow</td>
<td>September 2015</td>
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</tbody>
</table>
Community Rapid Response Teams  
Provincial Steering Committee  

MINUTES JULY 16, 2015  2:00 PM  TELECONFERENCE

ATTENDEES  Karen Milley, Dawn Gallant, Anne Rowsell, Tammy Priddle, © Donna Mushrow, Karen Nolan, Nicole Gill  
REGRETS  Roger Butler, Teara Freake, Elizabeth Kennedy, Angie Batstone

REVIEW OF MINUTES AND PROPOSED AGENDA

DISCUSSION  
The meeting was called to order at 2:05. The minutes from the two previous meetings were approved. The agenda for the meeting was accepted. It was noted that Gail Downing was retired and Elizabeth Kennedy has taken the position of Regional Director of Emergency. She was unable to attend this meeting.

CONCLUSIONS  
Minutes adopted

ACTION ITEMS  

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HOME SUPPORT RFP

DISCUSSION  
Government’s decision to cancel the Home Support RFP has been communicated to the RHAs. The RHAs have met with the top proponents and there was no concerns identified by the agencies regarding the cancellation of the RFP. The plan to notify the top proponents for the RFP was also discussed at a recent Provincial Home Care Agency Advisory Committee.

The RHAs confirmed that there were no additional agencies that were refusing clients based on the $60 administrative fee for short term clients. The Department is reviewing short-term home support and the $60 fee.

EH advised that there have been some challenges getting an agency to provide less than 3 hours of home support at one time.

Dawn advised that she recently presented to the home support agencies for the urban area of Eastern Health about CRRT. She advised that the presentation went well. The following comments were made:

1) While HS was previously being arranged for a 2 week period, it is now being arranged for short periods of time (~2 days) which is better as patients need can be reassessed. As well, this short time period works better for the agencies.

2) There was a question on the administration fee. The agencies were advised that the Department was reviewing this fee.

RHA representation was requested for the next provincial meeting.
CONCLUSIONS
RHAs will continue to rotate agencies to service CRRT clients.

ACTION ITEMS

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REGIONAL UPDATES

DISCUSSION

Eastern: 227 clients availed of the CRRT since September 2014; 436 clients have been declined either by client choice or they didn’t meet eligibility criteria. EH is moving forward with the expanded services criteria. Through Kaizen, EH expanded eligibility criteria to support early discharge from hospital (HSC only) which ended June 30. During this trial, 1 of the 4 medicine teams (covering every 4th day) agreed to follow admitted patients to determine if they could be discharged early with the support of CRRT. There were an average of 6 admissions per day and 2 of the 6 patients were followed by CRRT to the floor until discharge. Four patients came out with the support of CRRT in a two week period. One patient could have gone home but went to palliative care. Based on this, starting next week, all clients that are consulted for medicine in Emergency will be considered by the CRRT.

The social worker from Community Supports Program who was assigned to this project has been extended.

The Team has not initiated considering ALC clients at this point in time.

It was noted that the current number of clients is low.

Central: CH feels that the program is catching on with 10 individuals currently receiving this service. The frequency of referrals has increased and feel that the growth is resulting form the expansion of the criteria. Patients that present at the emergency department in Botwood are now being seen at that site by CRRT for assessment. This is seen as positive as it detracts from the busy emergency department in GFW and other CRRT clients will be seen by the team while in the area.

Currently the program is down one nurse. Additionally, it is noted that there are some clients that have issues that need the attention of a social worker.

Western: The program was introduced into acute care starting July 13th as a “soft start” as there is limited staff for the summer and they are currently at capacity with 20 people on the program (12 referrals received in last 2 weeks). If an individual is admitted to hospital, the team will follow for 4-7 days and will try to support discharge to CRRT.

There has been discussion with restorative care to ways to collaborate including transition from restorative care to CRRT beginning in the fall. It was noted that clients are sometimes uneasy about returning home and the services of CRRT may be able to support this transition period for clients.

CONCLUSIONS
No follow-up required.
REPORT FROM PROVINCIAL MANAGER’S GROUP

DISCUSSION
As the group has not met, there was no report from this group.

CONCLUSIONS

ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE
---|---|---
N/A | N/A | N/A

CLIENT SURVEY

DISCUSSION
Revised form was sent to RHAs this week. Patients referred during afterhours and weekends have been added. The following will be added to form: early discharge from hospital, ALC and client/caregiver refusal.

The Excel spreadsheet has been updated and is now more user-friendly. It provides an interface for the RHAs to enter data and reduce likelihood of errors.

CONCLUSIONS

ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE
---|---|---
Dawn to send revisions to Nicole Gill | Dawn Gallant/Nicole Gill | Aug 1, 2015

NEXT MEETING/CONCLUSION
Anne Rowsell notified the group this would be her last meeting as SueAnn Kean was returning to the position. Anne was thanked for her contribution to the team and the work to get the CRRT running at Central Health.

ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE
---|---|---
Donna will add SueAnn to the contact list | Donna | Aug 1, 2015

Next meeting will be held on September 17, 2015 at 2 pm. Meeting adjourned at 2:52.

ACTION ITEMS | PERSON RESPONSIBLE | DEADLINE
---|---|---
Send Meeting Request | Donna | July 2015
Community Rapid Response Teams
Provincial Steering Committee

MINUTES JUNE 8, 2015 2:00 PM TELECONFERENCE

ATTENDEES Karen Milley, Dawn Gallant, Anne Rowsell, Mimie Carroll, Tammy Priddle, Angela Batstone © Donna Mushrow ©, Karly Hamilton, Gina Sheppard
REGRETS Roger Butler, , Karen Nolan, Teara Freake, Gail Downing

REVIEW OF MINUTES AND PROPOSED AGENDA

DISCUSSION
The meeting was called to order at 2:05. The minutes from the two previous meetings on March 23, 2015 and April 27, 2015 were recommended for approval by Tammy Priddle. There was no one opposed, however a number of members indicated that they had not reviewed. Members to review and send any comments/revisions to Donna Mushrow by the end of this week. The agenda for the meeting was accepted with one addition to new business: temporary positions.

CONCLUSIONS
Comments/revisions for minutes for March 23, and April 27, to be provided to Donna Mushrow by June 12. Agenda adopted.

ACTION ITEMS

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HOME SUPPORT RFP

DISCUSSION
Angie shared with the group that there is a decision note in process that will provide direction regarding the RFP. Once that decision is finalized, HCS will be in contact with a representative from each RHA.
Additionally, there was a discussion on presenting to the Home Care Association of NL (HCANL) on the CRRT and exploring opportunities to improve communicating home support needs for CRRT clients.

CONCLUSIONS
RHAs will continue to rotate agencies to service CRRT clients. Donna will follow-up regarding presentation.

ACTION ITEMS

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<tr>
<td>F/U with Neil Tremblett HCANL</td>
<td>Donna Mushrow</td>
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PROVINCIAL MANAGERS GROUP

DISCUSSION
The group met once since the last meeting.
Discussion of the use of the geriatric assessment tool as the eligibility has opened to all adults. It has been decided to continue to use the tool omitting the sections that are not applicable to the under 65 population.
Additional information discussed is incorporated in the reports from the regions.
CONCLUSIONS

N/A

ACTION ITEMS

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REGIONAL UPDATES

DISCUSSION

Eastern: 195 clients accepted to end of May; an additional ~300 referred but not accepted or refused the services. There continues to be a high demand for OT/PT service. The start date for the newly recruited NP is June 22.

Moving forward with the expanded services criteria. Additionally, is trailing for the month of June with the clinical teaching unit. For this, individuals that are admitted through Emergency when Dr. Joshi is on-call for medicine will be considered for assessment by the CRRT.

Central: The numbers for individuals that have been admitted continue to remain low. There has been sharing that the eligibility criteria have expanded and there are new physicians that have recently referred individuals for assessment. There are currently 4 individuals actively receiving services. There has been no consideration for increasing uptake through expanding geography at this time.

Western: Western reported that they have accepted 44 individuals that have been referred. Western is working on a implementation plan for discharge of individuals from acute care. Individuals that are seen as being good candidates that are admitted through Emergency are flagged and there is follow-up 3-4 days after to see if there can be a discharge plan established through the CRRT.

RAI-HC DIVERT Scale: Donna informed the group that the RAI-HC software has just been updated to include the new DIVERT scale. This may be another potential indicator for the identification of CRRT clients as we have more assessments completed.

CONCLUSIONS

No follow-up required.

ACTION ITEMS

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<th>PERSON RESPONSIBLE</th>
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EQUIPMENT

DISCUSSION

It was noted that there are times that an individual has a piece of equipment ordered and it is not received within the 30 day period. These clients are being maintained by the OT after the 30 day CRRT period so there can be a check in and visit with the client if required when the equipment arrives.

CONCLUSIONS

s.38(1)(a)
## ACTION ITEMS

<table>
<thead>
<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor capacity of CRRT</td>
<td>Dawn, Gina and Cora</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

### TEMPORARY POSITIONS/TEAMS

**DISCUSSION**

### CLIENT SURVEY

**DISCUSSION**

The client surveys are on the way to the RHAs from NLCHI. Nurse/CRRT staff to provide survey to client when discharge is being anticipated over the next couple of visits. Individuals can complete the survey in private, seal it in the envelope and may choose to return by giving it back to the nurse/CRRT staff, dropping it at the community health office or mailing it to NLCHI. Additionally there is an option to call NLCHI and complete the survey by phone.

**CONCLUSIONS**

Begin to distribute surveys when they arrive and track the number of surveys distributed.

### ACTION ITEMS

<table>
<thead>
<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor return of surveys</td>
<td>NLCHI and RHA</td>
<td>Update at next meeting</td>
</tr>
</tbody>
</table>

### NEXT MEETING/CONCLUSION

Next meeting will be held on July 16, 2015 at 2 pm. Meeting adjourned at 2:52.

### ACTION ITEMS

<table>
<thead>
<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
<th>DEADLINE</th>
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</thead>
<tbody>
<tr>
<td>Send Meeting Request</td>
<td>Donna</td>
<td>June 2015</td>
</tr>
</tbody>
</table>
Community Rapid Response Teams
Provincial Steering Committee

MINUTES APRIL 27, 2015 2:00 PM TELECONFERENCE

ATTENDEES
Karen Milley, Dawn Gallant, Anne Rowsell, Mimie Carroll, Tammy Priddle, Teara Freake, Donna Mushrow

REGRETS
Roger Butler, Angela Batstone, Karen Nolan

REVIEW OF MINUTES AND PROPOSED AGENDA

DISCUSSION
The meeting was called to order at 2:05. The minutes from the most recent meeting on March 23, 2015 are not yet prepared and will be provided to be reviewed at the next meeting. The agenda for the meeting was accepted as proposed.

CONCLUSIONS
Minutes for March 23, and April 27, 2015 will be review at the next meeting. Agenda adopted.

ACTION ITEMS
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HOME SUPPORT RFP

DISCUSSION
There is no further direction regarding the Home Support RFP. There continues to be 3 agencies in Eastern that are not taking clients. CRRT clients have not been refused by agencies in the other 2 RHAs. This may be put forward by the home support agencies at their upcoming meeting.

Also noted by Eastern Health was that home support agencies were billing when they were not able to provide a worker or when the worker did not show up for their scheduled hours. Eastern has requested that notification be provided to the RHA when this occurs. Since this has been identified, improvement in communication and billing has been noted.

CONCLUSIONS
RHAs will continue to rotate agencies to service CRRT clients. No further action required.

ACTION ITEMS
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<th>PERSON RESPONSIBLE</th>
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EVALUATION

DISCUSSION
Eastern indicated that they have a concern with CRRT staff administering the client feedback/satisfaction survey. Client may be unwilling to provide honest feedback to the individual that provided their care and there may be some bias by the team member completing. Eastern have provided these comments to Karly as well.

CONCLUSIONS
Discuss with Karly other possible options for the completion of the survey. Other possibilities that may be considered: students, health research within the RHAs, NLMA

ACTION ITEMS

<table>
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<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
<th>DEADLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-up with Karly</td>
<td>Donna</td>
<td>May 15, 2015</td>
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PROVINCIAL MANAGERS GROUP

DISCUSSION
No update for this meeting.

CONCLUSIONS
N/A

ACTION ITEMS

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<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
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REGIONAL UPDATES

DISCUSSION
Eastern: 148 client to end of March; an additional 199 referred but not accepted. There is about the same number of referrals coming from each of the sites. Referrals resulting from falls/fractures are common. There has been ability in some circumstances to accommodate “community emergencies”. On average there are ~20 clients active. There continues to be a high demand for OT/PT service. A 0.2 FTE PT has been added utilizing the funding that was allocated for the clerical position (not filled) for the 2nd EH team. One of the NP positions will be posted as the current employee is moving to another position.

Central: There are currently 0 clients that are receiving service. There were 2 referrals since April 1 and neither has been accepted. It was noted that many of the individuals that have been accepted for CRRT end up back in the Emergency room and are subsequently admitted. The lesser population in the GFW area coupled with no orthopedics at that site may be having some impact. Additionally, CH has not been successful in securing a physician lead for this initiative. Staff moving to other positions as the lack of uptake is decreasing job satisfaction. Additionally it is believed that the “temporary” status of the team may be having some impact.
Ann is wondering if there may be more success with moving the team to Gander. Advised that a request to do so would have to be made through this Committee and the LTCCSS Division at HCS.

Western: Western reported that they have accepted 31 of the 79 individuals that have been referred. There are currently 7 active clients and there have been 2 admissions this week. There have been times when there have been 12 individuals that were receiving care through the CRRT. Staff on the WH CRRT remains stable.

CONCLUSIONS

Western and Eastern to compile a couple of client cases for which they have had success to share to ensure that the clients that are being considered in each region are similar.

ACTION ITEMS

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<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
<th>DEADLINE</th>
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<tbody>
<tr>
<td>Case Overviews</td>
<td>Dawn and Tammy</td>
<td>May 15, 2015</td>
</tr>
<tr>
<td></td>
<td>(Cora)</td>
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ELIGIBILITY CRITERIA

DISCUSSION

The recently approved expanded eligibility criteria were shared with the group. The expanded criteria maintains the current with the following changes:

Include any individual **18 years of age or over** when their needs can be met within the available resources and within the timeframe for services to:

- Facilitate earlier discharge from acute care thus **preventing** individuals from becoming designated as Alternate Level of Care.
- Facilitate discharge of individuals **designated** as Alternate Level of Care.

CRRT services are provided within the allocated budget.

Clients that are referred from the emergency room will take priority if there are competing referrals.

Once the CRRT is at maximum resource utilization; new clients will be accepted as CRRT capacity becomes available through the discharge of clients.

There was discussion that ensued as the regions felt they may have capacity to advance all of these at once. RHAs were provided with the latitude to work with the current and expanded criteria within the capacity that remained for each of their teams.

The CRRT managers in each region plan to meet to discuss implementation once the changes have been communicated by their Directors.

Anne requested that there be a new document provided so the eligibility was in one place.

CONCLUSIONS

Directors to communicate to their CRRT manager who will subsequently meet to plan for
Development of a document with eligibility criteria.

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<tr>
<th>ACTION ITEMS</th>
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<tbody>
<tr>
<td>Meeting of CRRT Managers</td>
<td>Dawn, Gina and Cora</td>
<td>May 8, 2015</td>
</tr>
<tr>
<td>Eligibility Document</td>
<td>Donna</td>
<td>May 15, 2015</td>
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</table>

**NEXT MEETING/CONCLUSION**

**DISCUSSION**
Discussion on time for next meeting.

**CONCLUSIONS**
Next meeting will be held on June 8, 2015 at 2 pm.

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<tr>
<th>ACTION ITEMS</th>
<th>PERSON RESPONSIBLE</th>
<th>DEADLINE</th>
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<tbody>
<tr>
<td>Send Meeting Request</td>
<td>Donna</td>
<td>May 15, 2015</td>
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</table>
Community Rapid Response Teams Provincial Steering Committee

March 23, 2015
2:00 PM
Teleconference
1-888-579-9842
Participant Pin: #
Moderate Code: #
Boardroom #1 HCS

Attendance: Dawn Gallant, Angela Batstone®, Donna Mushrow®, Tammy Priddle, Teara Freake, Katherine Turner (for Karen Milley), Karly Hamilton

Regrets: Karen Milley, Dr. Larry Alteen, Karen Nolan, Mimie Carroll, Anne Rowsell, Gail Downing, Dr. Roger Butler

Agenda

Call to Order: Meeting was called to order at 2:05 PM.

Review of January 8, 2015 Minutes and Proposed Agenda

Discussion: Minutes accepted as presented. Agenda accepted as presented.

Conclusions: Content for the minutes and agenda adopted.

Action items:

<table>
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<th>Person responsible</th>
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Home Support RFP

Follow-up on Information Note

Person responsible: Angela Batstone
Deadline: April 1, 2015

HealthLine Support

Discussion: The decision to connect with the HealthLine is on hold. A question regarding patient use of the HealthLine has been incorporated into the client satisfaction survey.

Conclusions: Follow-up will be through client satisfaction survey.

Action items:

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N/A – Remove from agenda
Evaluation

Discussion: Karly provided the committee with a detailed review of the Evaluation Plan. Stats for the program are being provided to Karly on a monthly basis by the CRRT administrative support through a secured file. As this draft is nearing finalization, individuals can connect with Karly to provide feedback or feedback may be provided through the regional representative on the Evaluation Committee.

Conclusions: Provide comments through the RHA rep on the Evaluation Committee or through Karly Hamilton.

Action items:

<table>
<thead>
<tr>
<th>Review Evaluation framework and connect with Evaluation Committee member with comments.</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Karly Hamilton</td>
<td>April 1, 15</td>
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Provincial Managers Group

Discussion: No activity to report from the CRRT Provincial Manager Group.

Conclusions: Continue to monitor

Action items:

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Eligibility Criteria

Discussion: As the uptake and utilization of CRRT remain low in all areas, a discussion of opportunities for the expansion of the eligibility criteria was initiated.

Eastern: Participants indicated that there continues to be an issue with ALC at both of the sites that CRRT is available and believe that there may be an opportunity to facilitate some discharges within the resources of the CRRT. Additionally, there may be an opportunity to look at individuals that may be on the trajectory to become ALC and earlier intervention and transition to the community may prevent this designation.

As an internal process for Eastern Health, the Community Support Team is willing to assign a social worker to work with the team to facilitate discharges from acute care; for both early and ALC discharges.

Western: It was noted that staffing for the Western Team has been stable and that the CRRT has been utilized as a support for the CSP team. Also noted was that 80-85% of the Western referrals have required OT/PT services. Western indicates that they believe that moving CRRT to focus on ALC may make it confusing with restorative care that may better utilize that restorative care program that they have there. They are concerned how in-patients may be upon discharge directly to the community from acute care.

As a potential process, Western Health advocated partnering with a set number of local physicians (3-4) to take referrals directly from the community thus potentially preventing a senior from having to present at Emergency/acute care for service and/or those that had been seen in the previous 72 hours.

Western also noted that the CRRT have been operational for a relatively short time (Nov-March) and that any expansions considered for the team would have to be done in the context of the resources and services that are available within the team.

Central: No representative in attendance for this meeting.

Action items:

<table>
<thead>
<tr>
<th>Connect withCentral regarding Expansion Criteria</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Angela/Donna</td>
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</table>

Next Meeting/Conclusion

Discussion: Discussion for next meeting time.

Conclusions: Next scheduled for April 27, 2015 at 2 pm — Teleconference or Boardroom #1 at HCS. Meeting concluded at 4:00 pm.

Action items:

<table>
<thead>
<tr>
<th>Send out meeting request</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Donna Mushrow</td>
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</table>
Community Rapid Response Teams
Provincial Steering Committee

January 8, 2015
3:00 PM
Teleconference
1-888-579-9842
Participant Pin: 
Moderate Code: 
Boardroom #1 HCS

Attendance: Dawn Gallant, Angela Batstone ©, Donna Mushrow ©, Mimmie Carroll, Anne Rowsell, Tammy Priddle, Gail Downing, Dr. Roger Butler

Regrets: Karen Milley, Dr. Larry Alteen, Karen Nolan, Teara Freake

Agenda

Call to Order: Meeting was called to order at 3:04 PM.

Review of November 20, 2014 Minutes and Proposed Agenda

Discussion: Minutes accepted as presented. One agenda addition

Conclusions: Content for the minutes adopted.

Agenda additions accepted as:
• CRRT referral form

Action items:

N/A

Communication: Brochure

Discussion:
• Work on the brochure has been completed.
• RHAs will connect with Jonathan Clarke to have their own logos and contact information added to the brochures.

Conclusions:
• Donna Mushrow to send the contact information for Jonathan Clarke to Anne Rowsell and Dawn Gallant

Action items:

Contact information for Jonathan Clarke

Person responsible: Donna Mushrow
Deadline: Jan 16/15

Home Support RFP

Discussion: Discussion regarding the awarding the RFP. The volume of clients for the CRRT is not as high as was anticipated. Not all clients are requiring home support to facilitate the care if the client in the community setting. There is a concern that there may be a cost for the home support agency to provide the expected services that the lesser volume result in a negative financial position for the home support agency that is awarded the contract.

Currently, the CRRT are not having any general issues with obtaining home support for the clients requiring the service by connecting with the home support agencies that are licensed to provide that service within each of the RHAs.

EH notes that Serenity has been inquiring but have indicates that they are no longer interested in accepting the contract based on the bid that was provided.

The Committee agrees that the awarding of the RFP at this time may be problematic for home support agencies and agree to cancel if that is a possibility.

Conclusions: Agreement to cancel the RFP if that is possible. Connect with Justice re RFP cancellation.

Action items:

Connect with Justice re cancellation.
Prepare Information Note

Person responsible: Donna Mushrow
Deadline: Jan 23, 2015
**Physician Notification**

Discussion: Dr. Alteen has been informed of the RHA plan to notify family physicians when their patient is being provided services through the CRRT. Additionally, family physicians will be informed through written communication when their patient has completed service through CRRT, the services that were received and any follow-up that is required or recommended.

Conclusions: Notification process for family physicians in place.

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<th>Action items:</th>
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<tr>
<td>N/A – Remove from agenda</td>
<td>N/A</td>
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</table>

**HealthLine Support**

Discussion: No update at this meeting. Status quo from previous minutes.

Conclusions: Work ongoing with Justice. Will share draft documents when they become available.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Development of Draft consent form and information sharing agreement through Dept. of Justice.</td>
<td>Donna Mushrow</td>
<td>Jan 2015</td>
</tr>
</tbody>
</table>

**Evaluation**

Discussion: The evaluation is in the final stages of development. Those with comments are encouraged to connect with their regional representative.

Conclusions: Review of draft evaluation framework for discussion at the next meeting and provide comments through the RHA rep on the Evaluation Committee.

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<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Review Evaluation framework and connect with Evaluation Committee member with comments.</td>
<td>Committee Members</td>
<td>Jan 23/15</td>
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</table>

**Provincial Managers Group/CRRT Activity Update**

Discussion: No activity to report from the CRRT Provincial Manager Group.

An update on the recent activities of the teams was provided:

- **Eastern:** 84 clients have been accepted since September. Beginning early December, began to try to look at eligible clients that may have presented after hours for the CRRT. 11 of these people have been included for service with CRRT.

- **Western:** Operational now for about 6 weeks. 11 referrals accepted thus far (4-5 of those in the last couple of days). 5 individuals have been discharged. Some of the issues that were noted by WH were the 30 day period – especially with the inclusion of stat days during the Christmas period; contact within 24 hours, home support and analysis for individuals meeting the CRRT criteria. It was noted by WH that there are potentially a number of people in the “Fast Track” area that may be eligible.

- **Central:** Have been accepting clients for about 7 weeks. 11 people have entered the CRRT. Staff is still learning about the program. There is a concern regarding physicians not referring. Physicians continue to be concerned regarding the legal responsibility for the client once they are back in the community setting.

Conclusions: Continue to monitor

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>CRRT Update at next meeting</td>
<td>RHA reps</td>
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</table>

**CRRT Referral Form**

Discussion: Discussion on the referral process/form was embedded in the update on activity. Each RHA have processes in place for their CRRTs to receive referrals.

Conclusions: General discussion

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<th>Action items:</th>
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</table>
## Next Meeting/Conclusion

<table>
<thead>
<tr>
<th>Discussion: Discussion for next meeting time.</th>
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<tbody>
<tr>
<td>Conclusions: Next scheduled for February 12, 2015 at 3 pm – Teleconference or Boardroom #1 at HCS. Meeting concluded at 4:00 pm.</td>
</tr>
<tr>
<td>Action items:</td>
</tr>
<tr>
<td>Send out meeting request</td>
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</tbody>
</table>
2014 ADDITIONAL MINUTES
Community Rapid Response Teams
Provincial Steering Committee

November 20, 2014
2:00 PM
Teleconference
1-888-579-9842

Participant PIN: #
Moderate Code: #
Boardroom #1 HCS

Attendance: Dawn Gallant, Angela Batstone ©, Donna Mushrow ©, Mimi Carroll, Teara Freake, Gina Sheppard (representing Central in Anne’s absence)

Regrets: Gail Downing, Dr. Roger Butler, Tammy Priddle, Karen Milley, Dr. Larry Alteen, Anne Rowsell, Karen Nolan

Agenda

Call to Order: Meeting was called to order at 2:00 PM.

Review of Agenda and October 20, 2014 Minutes

Conclusions: Content for the minutes adopted with revision.

Agenda additions accepted as:
- Duties for the ER based nurse

Action items: | Person responsible: | Deadline: |
--- | --- | --- |
N/A | N/A | N/A |

Communication/Brochure/Staff Orientation

Discussion:
- Western still working on the brochure. Teara will follow-up regarding status to initiate use.
- Central has completed the general orientation/information sessions through a conference call for the community based staff and with a face-to-face meeting for the Emergency Room staff.
- Western have completed face to face sessions for Emergency Room Staff and a tabletop exercise to work through the process for clients that are being referred and accessing services with the CRRT.
- Eastern as noted in previous minutes.

Conclusions:
- Western Health to continue to work on brochure.

Action items: Follow-up on completing and sharing with other RHAs | Person responsible: | Deadline: |
--- | --- | --- |
Teara | | Dec 15/14 |
### Positions

**Discussion:**

- **WH** – Staff in place and orientation complete. Has met with the contract therapist and utilizing the contracted services for provision of PT. The CRRT initiated service last week.
- **CH** – Staff in place and services initiated.
- **EH** – All staff are in place. EH notes that is not fully utilizing the CHN resources for CRRT and suggests that a social worker may be of benefit in the staffing mix.

**Conclusions:** Staff mix will be considered in the evaluation.

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<th>Action items:</th>
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<td>N/A - Remove from Agenda</td>
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### Home Support RFP

**Discussion:** All RHAs have had a meeting with the top ranked proponent for a preliminary meeting. Dept of Justice is continuing to work on the framework of a contract.

**Conclusions:** Awaiting contract framework.

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<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>HCS (Justice) to develop contract framework.</td>
<td>Donna Mushrow</td>
<td>Oct 24, 2014</td>
</tr>
</tbody>
</table>
### HealthLine Support

**Discussion**: No update at this meeting. Status quo from previous minutes.

**Conclusions**: Work ongoing with Justice. Will share draft documents when they become available.

**Action items**:

<table>
<thead>
<tr>
<th>Development of Draft consent form and information sharing agreement through Dept. of Justice.</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Donna Mushrow</td>
<td>Oct 2014</td>
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</table>

### Evaluation

**Discussion**: Draft evaluation framework provided to the group and to be discussed at the next meeting. Members are encouraged to provide comments through the representative on the Evaluation Committee. Development of tracking tools for evaluation metrics are continuing and will be provided to the evaluation committee over the next few days. These tools should be considered within each RHA to ensure that there is a mechanism in place to capture the identified data elements. It was also noted that the RHA may choose to capture additional information for internal evaluations.

**Conclusions**: Review of draft evaluation framework for discussion at the next meeting and provide comments through the RHA rep on the Evaluation Committee. Ensure that data elements for the evaluation template are available within each RHA.

**Action items**:

<table>
<thead>
<tr>
<th>Review Evaluation framework and connect with Evaluation Committee member with comments. Finalization of evaluation framework and data collection tools.</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Committee Members</td>
<td>Dec 15/14</td>
<td></td>
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<tr>
<td>Evaluation WG</td>
<td>Jan 2015</td>
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### Provinicial Managers Group/CRRT Activity Update

**Discussion**: No formal report. An update on the recent activities of the teams was provided:

**Eastern**: 49 individuals had received services, none of which were slated for admission in their current emergency presentation. 12/49 were residents from PCH and most were related to falls. 25/49 had availed of HSS and beyond a referral for a client on the Southern Shore; there were no identified issues in securing HSS for the CRRT. Engagement of Dr. Roger Butler has been quite positive. Noted that referrals have slowed down.

**Western**: It was only recently that the CRRT went operational thus no clients to report on for today’s meeting.

**Central**: While the CRRT only recently that the CRRT went operational; there have been 2 individuals that have been accepted for service.

**Conclusions**: Continue to monitor

**Action items**:

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<thead>
<tr>
<th>CRRT Update at next meeting</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHAs</td>
<td>Jan 2015</td>
<td></td>
</tr>
</tbody>
</table>

### Physician Notification

**Discussion**: RHA have forms developed to notify family physicians when their patient is being provided services through the CRRT. Additionally, family physicians will be informed through written communication when their patient has completed service through CRRT, the services that were received and any follow-up that is required or recommended.

**Conclusions**: Notification process for family physicians in place.

**Action items**:

<table>
<thead>
<tr>
<th>N/A – Remove from agenda</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</table>
### Other Duties for ER Based CHN

**Discussion:**

Eastern are looking at opportunities for CRRT staff that continue to have capacity as the team is not yet fully utilized.

Both will continue to monitor activity and provide feedback.

**Conclusions:** Feedback at next meeting  
**Action items:**  
Activity feedback/Opportunities for staff with capacity

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHA Reps</td>
<td>Next meeting</td>
</tr>
</tbody>
</table>

### Next Meeting

**Discussion:**

**Conclusions:** Next scheduled for January 8, 2015 at 3 pm – Teleconference or Boardroom #1 at HCS.

**Action items:**  
Send out meeting request

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Donna Mushrow</td>
<td></td>
</tr>
</tbody>
</table>

### Conclusion

**Discussion:**

**Conclusions:** Meeting concluded at 2:55 pm

**Action items:**

<table>
<thead>
<tr>
<th>Person responsible:</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</table>
Community Rapid Response Teams
Provincial Steering Committee

September 10, 2014
2:30 PM
Teleconference
1-888-579-9842
Participant Pin:
Moderate Code:
Boardroom #1 HCS

Attendance: Anne Rowsell, Heather Brown (Central), Dawn Gallant (Eastern), Angela Batstone ©, Donna Mushrow®, Dr. Roger Butler, Tammy Priddle, Karen Milley, Minnie Carroll, Karen Nolan, Dr. Larry Alteen (for the latter part of meeting)
Regrets: Teara Freake, Gail Downing.

Agenda

Call to Order: Meeting was called to order at 2:30 PM.

Review of Agenda and August 8, 2014 Minutes

Discussion: No revisions for the minutes and new agenda items added.

Conclusions: Content for the minutes adopted as presented.

Agenda additions accepted as:
- Provincial Managers Group (Dawn Gallant)
- Home Support Hours (HCS)
- Physician notification (Dawn Gallant)
- Supplies/Equipment (Dawn Gallant)
- Frequency of Access (Dawn Gallant)
- Home Support Start Date (Dawn Gallant)
- Triage and Screening Process (Tammy Priddle)
- Client Presentation Outside Team Hours (Tammy Priddle)

Action items:

<table>
<thead>
<tr>
<th>N/A</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
</table>

Communication/PowerPoint/Brochure

Discussion:
- The PowerPoint presentation is with each RHA to place their RHA data and refine for local use for internal communication and staff orientation.
- Brochure circulated to the group for feedback and the feedback should be provided to Tammy Priddle.
- Consideration of including information about Community Rapid Response Teams on HCS website and it was note that there are many programs and services that are offered through the RHAs that are not specifically listed on HCS website.

Conclusions:
- Decision not to proceed with website information at the provincial level.

Action items:

<table>
<thead>
<tr>
<th>PowerPoint revision within RHAs</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>All RHA Groups</td>
<td></td>
<td>Mid Sept</td>
</tr>
</tbody>
</table>
Positions

Discussion:

- WH – In good shape from a recruitment perspective. NP has started – has background in primary healthcare and is now in CH orientation. OT started on Aug 6. CHNIs have started and continuing to negotiate a start date for the CHNI position. For PT the vendor for the RFP for PT services in WH should provide availability by mid Sept. Admin support start next week.
- CH – NP scheduled to start on Sept 29th. CCNC positions are a concern as they have no community experience.
  There is an issue with the backfill of the OT position. PT position hired. Concerned that time required for orientation of staff may delay the start date for Central.
- EH – First NP position began August 11 and 2nd NP in the offer stage. The remaining positions (with the exception of the CHNI ls) will start September 8. Casual staff will be used to staff to CHNI positions until staff are released. OT/PT offered and awaiting response from candidates. Considering a “soft start” for Sept 15.

Conclusions: Work toward recruitment to have staff in place and orientated continuing in all RHAs. There is recognition that some RHAs may be ahead of others related to precise start dates for the initiative, however the goal is for a mid-Sept 2014 start. Update at next meeting.

Action items:
- **Ongoing Recruitment for Start**
  - RHAs
  - Deadline: ASAP

Home Support RFP

Discussion: RFP has closed and the group for evaluation has been identified as Tammy Priddle, Anne Rowsell, Karen Milley, Angie Batstone, Donna Mushrow, Pam Barnes and Paul Wight.

Conclusions: Group in process of setting a date for evaluation.

Action items:
- **Evaluation of RFP proposals**
  - Person responsible: RFP Evaluation Group
  - Deadline: Oct 1, 2014

HealthLine Support

Discussion: Update provided to the group that work was ongoing through Dept. of Justice in the development of consent forms and information sharing agreement.

Conclusions: Consent form and information sharing agreement to be developed through HCS.

Action items:
- **Development of consent form and information sharing agreement.**
  - Person responsible: Donna Mushrow
  - Deadline: Sept 2014

Evaluation

Discussion: Development of the evaluation is ongoing and the group will formally meet again next week.

Conclusions: Evaluation framework continues to be developed.

Action items:
- **Work with NLCHl and the evaluation WG in draft of the evaluation framework, including metrics.**
  - Person responsible: Evaluation WG
  - Deadline: Oct 2014
### Provincial Managers Group

**Discussion:** Dawn inquired if there would be support for the RHA managers that are assigned to the CRRT to connect to ensure that the initiative is being implemented as similarly as possible across the RHAs. This would also enable the managers to problem solve issues. Dawn agreed that she could be a link to bring forward any unresolved issues to this Steering Committee.

**Conclusions:** Dawn will connect with the managers in the RHAs.

**Action items:**

<table>
<thead>
<tr>
<th>Managers to meet</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Dawn Gallant</td>
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<td>N/A</td>
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</table>

### Home Support Hours

**Discussion:** There have been a number of concerns that the 7 day period in which home supports is available period is short. This includes availability of an acceptable time for the client to recover before initiating assessment for long term community services. As a result HCS has approved the maximum of 168 hours/client available over a maximum **14 day** period. As it is foreseen that this may have impact on the overall utilization of home support, HCS will be monitoring average utilization and budget impacts.

**Conclusions:** 168 hours/client available over a maximum 14 day period with utilization and budget impact monitored.

**Action items:**

<table>
<thead>
<tr>
<th>Utilization and budget monitoring</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRRT Teams</td>
<td></td>
<td>Ongoing</td>
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</table>

### Physician notification

**Discussion:** General discussion on how to get general information out to physicians recognizing that not all areas/individuals would have access to CRRTs based on sites with teams and geographies that are being serviced.

**Conclusions:** Larry Alteen will follow-up with Eastern Health contact.

**Action items:**

<table>
<thead>
<tr>
<th>Follow-up with Eastern Health contact</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Alteen</td>
<td></td>
<td>Early Oct.</td>
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</table>

### Supplies/equipment

**Discussion:** Dawn Gallant shared that the Eastern Health teams are using the template from the Palliative/End of Life Supply list to access equipment.

**Conclusions:** Dawn will share with Western and Central to ensure that access to equipment and supplies is equitable across the RHAs.

**Action items:**

<table>
<thead>
<tr>
<th>Share equipment/supply list</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Dawn Gallant</td>
<td></td>
<td>Sept 2014</td>
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</table>

### Frequency of Access

**Discussion:** There is a concern regarding clients repeatedly accessing services through the CRRT related to no financial requirement for the home support component. Discussion regarding repeat clients included limiting access to twice per calendar year to no limit on access. As clients can repeat for a variety of valid reasons it was felt that there should be no limit on the access but rather that the situation on repeat clients would be monitored.

**Conclusions:** Monitor repeat clients.

**Action items:**

<table>
<thead>
<tr>
<th>Monitor repeat clients</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tr>
<td>RHA Teams</td>
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<td>Ongoing</td>
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</table>
### Home Support Start Date

**Discussion:** Question if the start date for the home support service could be one or several days following the admission to the CRRT. As the CRRT is a pilot initiative, variation of the start date for the home support could have impacts on the evaluation as the timeframe for service to individuals would vary. Additionally, the extension of the home support for up to a 14 day period increases the flexibility to respond to acute care needs with home support services.

**Conclusions:** The timeframe for the 14 day home support is initiated when the individual is released from emergency regardless of when they actually begin service.

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<th>Action items:</th>
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### Screening and Triage Process

**Discussion:** Discussion regarding the use of the TRST as does not align with the eligibility for the CRRT. Intent is to consider client through the eligibility criteria and then apply the TRST to see if the full assessment tool should be completed for potential admission to the CRRT.

**Conclusions:** Eastern Health will provide feedback through their “soft start”.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Feedback</td>
<td>Eastern Health CRRT</td>
<td>Next mtg.</td>
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</table>

### Client Presentation Outside Team Hours

**Discussion:** Tammy Priddle posed the question for response to individuals outside team hours and if the client could be later visited in their home and have services initiated from there. The intent of the program is to initiate services for individuals from the emergency department. For the purpose of evaluation it is important to maintain the intent of the initiative for comparison. There is a concern if the client requires CRRT, are able to return home to await services. As always, individuals that go home with routine service may return to the emergency department and have access to CRRT services initiated on the latter emergency visit.

**Conclusions:** Services to be initiated from the emergency department for the pilot/evaluation period.

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<th>Action items:</th>
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### Next Meeting

**Discussion:**

**Conclusions:** Next meeting to be scheduled in October 2014

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<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Send out meeting request</td>
<td>Donna Mushrow</td>
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</table>

### Conclusion

**Discussion:**

**Conclusions:**

<table>
<thead>
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<th>Action items:</th>
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</table>
Community Rapid Response Teams
Provincial Steering Committee

August 8, 2014
2:00 PM
Teleconference
1-888-579-9842
Participant Pin: [redacted]
Moderate Code: [redacted]
Boardroom #1 HCS

Attendance: Angela Batstone®, Karen Nolan, Donna Mushrow®, Tammy Priddle, Teara Freake, Anne Rowsell, Gail Downing, Karen Milley

Regrets: Dr. Roger Butler, Dr. Larry Alteen, Mimie Carroll

Agenda

Call to Order: Meeting was called to order at 2:03 PM.

Review of Agenda and July 9, 2014 Minutes
Discussion: No revisions. No new agenda items.
Conclusions: Content for the minutes adopted as presented. Agenda adopted as presented.
Action items: N/A

Assessment Forms
Discussion:
- RHAs are advancing the approval for use of the assessment forms through their internal processes.

Conclusions: No further follow-up required. Remove from agenda.
Action items: N/A

Communication/PowerPoint/Brochure
Discussion:
- WH has provided the draft brochure for clients of CRRT to Angela Batstone. Brochure will be circulated to the group for feedback.
- Question arose if there would be information that would be placed on HCS website similar to which was done for Paid Family Caregiving. May be considered.

Conclusions: Donna Mushrow will circulate the draft brochure for feedback that will be due around mid-August.
Action items:
- WH to forward to Communications staff to draft brochure.
- KIV: HCS to arrange presentation to NLMA.
- Consideration on need to have information available on website.

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>WH working Group</td>
<td>Aug 18/14</td>
</tr>
<tr>
<td>HCS</td>
<td>Sept 2014</td>
</tr>
<tr>
<td>HCS</td>
<td>Sept 2014</td>
</tr>
</tbody>
</table>
Positions
Discussion:
- WH - OT started on Aug 6. NP start date set for Aug 25 and CHN for Sept 8. Continuing to negotiate a start date for the CHNII position. For PT the vendor for the RFP for PT services in WH should provide availability by mid Sept. Additionally, there may be a possibility that WH may be able to recruit for this position. Admin support will be available for a mid-Sept start.
- CH - OT/PT position have been hired. The NP is currently in place but may be moving to other employment. CCNC positions have been reposted are not yet hired. The clerical position is being grieved. Minnie to provide an update at the next meeting.
- EH - The first NP position will begin August 11 and the remaining positions (with the exception of the CHN Is) will start September 8. Casual staff will be used to staff to CHN I positions until staff are released. OT/PT offered and awaiting response from candidates.

Conclusions: Working toward recruitment to have staff in place and orientated continuing in all regions. There is recognition that some RHAs may be ahead of others related to precise start dates for the initiative, however the goal is for a mid-Sept 2014 start. Update at next meeting.

Action items:

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>RHAs</td>
<td>Aug 2014</td>
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</table>

Home Support RFP
Discussion: RFP has been issued through WH and will close on Aug. 18 at 4 pm. Once the RFP closes we will need a participant from each RHA for the evaluation. In addition, WH will provide a Materials Management Rep for the Evaluation Group. Donna also indicated that she may need to look for information from the RHAs regarding questions that potential bidders may have related to the RFP.

Conclusions: Each RHA to submit a member for the RFP Evaluation Group.

Action items:

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Each RHA</td>
<td>Aug 18/14</td>
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</table>

HealthLine Support
Discussion: No new information. Meeting planned with legal on August 15/14

Conclusions: Consent form and information sharing agreement to be developed through HCS.

Action items:

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<tr>
<th>Person responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Donna Mushrow</td>
<td>Aug 2014</td>
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</table>

Evaluation
Discussion: The metrics that will be used to monitor the program are currently being developed. Another meeting of the evaluation committee will be held in mid-August.

Conclusions: Evaluation framework continues to be developed.

Action items:

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Evaluation WG</td>
<td>Sept 2014</td>
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</table>
### Catchy Names

**Discussion:** A listing of potential names was shared with the group. Submissions will continue to be received up to mid-August.

**Conclusions:** Review suggestions received to date as well as consider other potential names.

**Action items:**

<table>
<thead>
<tr>
<th>Person responsible</th>
<th>Deadline</th>
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<tr>
<td>Steering Committee</td>
<td>Mid-August</td>
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</table>

**Review submissions and consider other names.**

### Next Meeting

**Discussion:**

**Conclusions:** August 21, 2014 at 9:30 am.

**Action items:**

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<th>Person responsible</th>
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<tr>
<td>Donna Mushrow</td>
<td>Aug11/14</td>
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</table>

**Send out meeting request**

### Conclusion

**Discussion:**

**Conclusions:** Meeting adjourned at 2:56 PM

**Action items:**

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<tr>
<th>Person responsible</th>
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### Additional Information
Community Rapid Response Teams
Provincial Steering Committee

July 9, 2014
3:00 PM
Teleconference
1-888-579-9842
Participant Pin: #
Moderate Code: #
Boardroom #1 HCS

Attendance: Angela Batstone®, Karen Nolan®, Donna Mushrow, Tammy Priddle, , Mimie Carroll, Teara Freake, Anne Rowsell

Regrets: Dr. Roger Butler, Dr. Larry Alteen, Gail Downing, Karen Milley, Traci Foss

Agenda

Call to Order: Meeting was called to order at 3:05 PM. Anne Rowsell from CH was welcomed to the group. Anne will be replacing Sueann Kean for one year.

Review of Agenda and June 26, 2014 Minutes

Discussion: No revisions. No new agenda items.

Conclusions: Content for the minutes adopted as presented. Agenda adopted as presented.

Action items: Person responsible: Deadline:
N/A N/A N/A

Assessment Forms

Discussion:

- Karen Milley advised by email that there was no feedback on the final version. As such, Eastern Health has finalized the assessment forms and sent for approval to their forms committee. Additionally the assessment was distributed to WH and CH.

Conclusions: All RHAs are asked to seek authorization within their region to use the assessment forms along with the additional tools required, such as the Mini mental.

Action items: Person responsible: Deadline:
RHAs to seek authorization to use assessment forms. RHA Working Groups Aug 2014
Communication/PowerPoint/Brochure

Discussion:
- WH Working Group was awaiting approval from the Provincial Steering Committee on the draft PowerPoint presentation.
- Approval was provided by the group.
- Each RHA will adapt presentation to reflect regional differences.
- HCS will advise when the presentation will be made to the NLMA.

Conclusions: With the approval of the PowerPoint presentation by the Provincial Steering Committee, WH will forward to their communications staff to commence development of the brochure.

Action items:
- WH to forward to Communications staff to draft brochure.
- HCS to arrange presentation to NLMA.

Positions

Discussion:
- WH – All positions have been offered with the exception of PT which will be included in a RFP for PT services in WH. They are working towards August 1 as the start date.
- CH – NP positions have been offered. They continue to have trouble backfilling the OT and PT positions. The CHN I and II positions will be reposted. The clerical position is being grieved.
- EH – The first NP position will begin August 11 and the remaining positions (with the exception of the CHN Is) will start September 8. Casual staff will be used to staff to CHN I positions until staff are released.

Conclusions: Working toward recruitment to have staff in place and orientated continuing in all regions. Update at next meeting.

Action items:
- Ongoing Recruitment

Home Support RFP

Discussion: WH has agreed to issue the RFP on behalf of the regions. Working with HCS regarding some questions. The RFP will be posted on-line and notification sent directly to the Home Support Agencies. A updated listing of home support agencies have been submitted by the regions.

Conclusions: The goal is to issue the RFP once the questions to HCS have been resolved.

Action items:
- Target release for July 2014
**HealthLine Support**

Discussion: Through consultation with Legal, HCS has been advised that a consent form can be signed by the client upon entry into the program. An information sharing agreement between each RHA and FoneMed will also be developed. Similar arrangements are currently in place between EH and the Healthline (Fonemed) for another initiative. Encrypted emails are used to secure patient information.

Conclusions: Consent form and information sharing agreement to be developed by HCS.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
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</thead>
<tbody>
<tr>
<td>Development of consent form and information sharing agreement.</td>
<td>Donna Mushrow</td>
<td>Aug 2014</td>
</tr>
</tbody>
</table>

**Evaluation**

Discussion: The metrics that will be used to monitor the program are currently being developed. Another meeting of the evaluation committee will be held in mid-August.

Conclusions: Evaluation framework continues to be developed.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with NLCHI and the evaluation WG in draft of the evaluation framework, including metrics.</td>
<td>Evaluation WG</td>
<td>Sept 2014</td>
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</tbody>
</table>

**Canny Names**

Discussion: A listing of potential names was shared with the group. Submissions will continue to be received up to mid-August. It was suggested that the name not include the word “emergency” as it may not be reflective of this program upon potential expansion.

Conclusions: Review suggestions received to date as well as consider other potential names.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Review submissions and consider other names.</td>
<td>Steering Committee</td>
<td>Mid-August</td>
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</table>

**Next Meeting**

Discussion: August 8, 2014 at 2 pm.

Conclusions: Meeting adjourned at 3:40 PM

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Send out meeting request</td>
<td>Donna Mushrow</td>
<td>July 9/14</td>
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</table>

**Conclusion**

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
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<tr>
<td>N/A</td>
<td>N/A</td>
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**Additional Information**

It was questioned if there would be PSAs developed to launch the program. HCS to follow up.
# Agenda

## Call to Order
Meeting was called to order at 10:43.

## Review of May 16, 2014 Minutes

**Discussion:** Revision to attendance list at the previous minutes: Mimie Carroll and Teara Freake added to the Regrets

**Conclusions:** Content for the minutes adopted as presented.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
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<tr>
<td>N/A</td>
<td>N/A</td>
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## Agenda Additions and Approval

**Discussion:** No new agenda items identified

**Conclusions:** Agenda adopted as presented.

<table>
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<tr>
<th>Action items</th>
<th>Person responsible</th>
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<td>N/A</td>
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## Assessment Forms

**Discussion:**
- Eastern Health Working Group continuing to work on Draft #3 of the proposed assessment tool and have submitted for 1st draft of formatting. Indicates that can use in draft form while being approved through Forms Committee.
- Donna Mushrow reported to that group that she forwarded the interRAI-ED Screener app to Eastern to consider with their work on assessment. It was noted that use of the app may not be possible as access to smart/android phone would be required.
- Western Health noted that their approval process for use of forms is through policy and will develop to use of the finalized assessment tool for the CCRT.

**Conclusions:** Eastern Health expecting to have a formatted draft available in approximately 1 week.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
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</thead>
<tbody>
<tr>
<td>Assessment tool revision for finalization</td>
<td>EH Working Group</td>
<td>Mid July</td>
</tr>
<tr>
<td>Form(s) approval within each RHA per internal processes</td>
<td>Individual working Groups</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Central Health to share their process with the group.</td>
<td>CH Working Group</td>
<td>Jun 13/14</td>
</tr>
</tbody>
</table>
**Communication/Powpoint/Brochure**

Discussion: The WH Working Group has received and incorporated comments from HCS and EH on the draft PowerPoint. They are working toward finalization so they can begin work on a brochure for clients.

Conclusions: Continuing to seek feedback from CH. Ready to begin work on brochure.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments to WH on PowerPoint (Donna will send reminder)</td>
<td>CH Working Group</td>
<td>Jun 13/14</td>
</tr>
<tr>
<td>Continue Communication work – possible final draft</td>
<td>WH working Group</td>
<td>Mid July</td>
</tr>
</tbody>
</table>

**Positions**

Discussion:
- WH - Recruitment processes in interview stage. NP and OT interview is being planned. Challenged with PT as there are vacant positions throughout the region and reportedly there are challenges from resources by lucrative private PT opportunities. CHNs will be from those already in the CSP.
- EH - 1 NP to start August 11th and the other is in the offering stage of recruitment. CHN I position in recruitment and there is a plan to utilize experienced community casual staff if the permanent candidates are not oriented by the start date. OT and PT positions are nearing offering stage.
- Continuing with target for September 2014 launch.

Conclusions: Working toward recruitment to have staff in place continuing in all regions. Update at next meeting.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing Recruitment</td>
<td>RHAs</td>
<td>Aug 2014</td>
</tr>
</tbody>
</table>

**Geographic Coverage**

Discussion: Identification of the geographic areas is required for the preparation of the RFP for HSS.

Conclusions: WH and EH have identified geographic coverage areas.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Health to identify coverage area.</td>
<td>CH Working Group</td>
<td>Jun 13/14</td>
</tr>
</tbody>
</table>

**Home Support RFP**

Discussion: Clarification of regions to be serviced required for the RFP.

Conclusions: Western Health will take the lead on the RFP.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forward RFP Comments to Donna</td>
<td>Membership</td>
<td>Jun 13/14</td>
</tr>
<tr>
<td>Target release for June 2014</td>
<td>Western Health</td>
<td>June 2014</td>
</tr>
</tbody>
</table>

**HealthLine Support**

Discussion: Potential for HealthLine following-up. HCS discussed legal considerations with the Policy and Planning Division who are examining and will provide feedback.

Conclusions: Awaiting feedback for Geri Smith in HCS Policy and Planning

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update at next meeting</td>
<td>Donna Mushrow</td>
<td>Jun 26/14</td>
</tr>
</tbody>
</table>
### Evaluation

**Discussion:** Initial work with NLCHI ongoing to draft the evaluation framework.

**Conclusions:** First meeting of the Evaluation Working Group will be on June 5, 2014.

**Action items:**

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Donna Mushrow/Eval. WG</td>
<td>Sept 2014</td>
</tr>
</tbody>
</table>

### Timeframe On Professional Services Provision

**Discussion:** Dr. Alteen has communicated with NLMA to clarify that the intent for 7 days is for the Home Support component and that professional services may go beyond that as required.

Facilitating physician involvement in each of the RHAs is the responsibility of each of the teams and may vary with availability of home visits or NP physician support. RHAs are encouraged to reach out to their physician chief of staff for help.

Western Health indicated that their plan is to work with family GPs where possible and may use their few hospitalist positions to support where there is no GP or the GP is unavailable. Western indicates that they are also interested in exploring direct referral from GP office. Direction provided that may look at this through evaluation if there is capacity.

**Conclusions:** NLMA reportedly pleased with clarification.

**Action items:**

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</table>

### Presentation at ER Conference

**Discussion:** ER conference delayed until Fall 2014 (Oct 19-21). Donna has been in contact with conference contact and has agreed to provide presentation for the Conference.

**Conclusions:** HCS will provide presentation.

**Action items:**

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Donna Mushrow</td>
<td>Sept 2014</td>
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</tbody>
</table>

### Next Meeting

**Discussion:**

**Conclusions:** June 26, 2014 – 1:30 to 3:00 PM

**Action items:**

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Donna Mushrow</td>
<td>Jun 4/14</td>
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</tbody>
</table>

### Conclusion

**Discussion:**

**Conclusions:** Meeting adjourned at 11:25AM

**Action items:**

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
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</table>

### Additional Information

KIV: Still looking for a "catchy name" for the initiative. Ideas can be forwarded to Donna Mushrow.
Community Rapid
Response Teams
Provincial Steering
Committee

3/27/2014
1:00 PM
Teleconference
1-888-579-9842
Participant Pin: #
Moderate Code: #
Boardroom #1 HCS

Attendance: Angela Batstone ©, Karen Milley, Tammy Priddle, Minnie Carroll, Karen Nolan, Donna Mushrow ©
Regrets: Traci Foss, Dr. Larry Alteen, Gail Downing, Teara Freake, Dr. Roger Butler

Agenda

Call to Order

Meeting was called to order at 1:08.

Review of March 12 Minutes

Discussion: Minutes for March 12, 2014 were agreed to with change to Terms of Reference item to correctly read:
‘Tammy Priddle indicated that she has comments to forward for the RHA Working Group Terms of Reference’.

Conclusions: Will be adopted as revised unless there are further comments prior to the next meeting.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible: Membership</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments if anything further.</td>
<td></td>
<td>April 15/14</td>
</tr>
</tbody>
</table>

Agenda additions and Approval

Discussion: Agenda for the meeting was accepted as proposed.

Conclusions:

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible: N/A</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Not applicable</td>
<td></td>
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</table>

Terms of Reference

Discussion: Any further comments for Terms of Reference to be sent to Donna Mushrow by April 15, 2014.

Conclusions:

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible: Membership</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both Terms of Reference to be tabled for approval at next meeting.</td>
<td></td>
<td>Apr 17/14</td>
</tr>
</tbody>
</table>
## Eligibility Criteria

**Discussion:** Clarification: While the eligible population for the initiative is for those 65+, those in the 75+ age criteria will be the primarily the initial target. This will be monitored with the implementation of the Teams.

**Conclusions:** RHAs to consider further input for target populations. As well, others may be identified as the initiative rolls out.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Consider input for other target/eligible populations.</td>
<td>Membership</td>
<td>Apr 17/14</td>
</tr>
</tbody>
</table>

## RHA Working Groups

### Referral to CCRT

**Discussion:** From the review of the referral process, Eastern Health have concluded that the Community Health Referral that they currently have in place will meet the needs of the CRRT.

**Conclusions:** Each RHA Working Group will look at the referral process within their organization. Karen will share the Eastern Referral with the group.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral process: Update at next meeting</td>
<td>RHA Working Groups</td>
<td>Apr 17/14</td>
</tr>
<tr>
<td>Karen Milley to share Eastern Community Health Referral Form with Committee (enclosed with minutes)</td>
<td>Karen Milley</td>
<td>Apr 5/14</td>
</tr>
</tbody>
</table>

### Assessment/Referral Forms

**Discussion:** Eastern Health has had one meeting of their working group and has shared an initial draft template of a proposed assessment. Denise Cahill has been doing the lead work with the assessment.

**Conclusions:** They are requesting any feedback on the document prior by April 4th.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Update on draft assessment.</td>
<td>Eastern Working Group</td>
<td>Apr 17/14</td>
</tr>
<tr>
<td>Feedback for draft assessment form to be sent to Karen Milley.</td>
<td>Membership excluding Eastern</td>
<td>Apr 4/14</td>
</tr>
</tbody>
</table>

### Communication/PPT/Brochure

**Discussion:** The Western Working Group has had an initial meeting. Based upon their experience with the Legrow Health Center Health Aging Clinic, they have engaged their Communications Department that is doing a draft for the Community Rapid Response Teams.

**Conclusions:** Western Health will have an update on progress at the next steering Committee Meeting.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Update at next meeting.</td>
<td>Western Working Group</td>
<td>Apr 17/14</td>
</tr>
</tbody>
</table>
**Positions**

Discussion: The 3 RHAs participated in a meeting. Drafts for the position descriptions and postings have been completed. As there are differences regionally, total consistency is not possible however there will be consistency with key duties where possible. These will be shared with the appropriate Departments at each RHA.

Conclusions: Regions to forward the position descriptions through their HR Departments. Wondering if they will go to Treasury Board from HCS or submit to the HCS to be sent to Treasury Board?

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Angela to follow-up with Treasury Board/Classifications for the process to ensure that these are given priority for classification.</td>
<td>Angela Batstone</td>
<td>April 17/14</td>
</tr>
</tbody>
</table>

**Geographic Coverage**

Discussion: Deferred to RHA Working Groups to define within their region.

Conclusions:

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update at next meeting.</td>
<td>Working Groups</td>
<td>April 17/14</td>
</tr>
</tbody>
</table>

**CCRT Home Support/RFP**

Discussion: There has been some discussion at HCS regarding the RFP. There is greater flexibility for the regions with the RFP if issued from the RHAs.

Conclusions: RFP for the HS component will be released through the RHAs.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft RFP to RHAs.</td>
<td>HCS</td>
<td>Apr 5/14</td>
</tr>
<tr>
<td>RHAs to discuss possible lead RHA for RFP release and report back at next meeting</td>
<td>Membership</td>
<td>Apr 17/14</td>
</tr>
</tbody>
</table>

**Health Line Support**

Discussion: There have been preliminary discussions about using the HealthLine to support this initiative, as capacity exists.

Conclusions: Further discussion required with HCS lead for HealthLine, including information to be collected.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing discussion. Update to be provided.</td>
<td>Donna Mushrow</td>
<td>April 17/14</td>
</tr>
</tbody>
</table>
Evaluation

Discussion: HCS participated in a follow-up discussion on March 25th with the NLCHI leads for the evaluation to further develop a draft framework. Following this latest meeting, the plan is for them to send the draft to HCS for further comments and incorporate those before the Evaluation Working Group is formally brought together.

Conclusions: Dr. Kris Aubrey from MUN has been identified through Dr. Butler. Liz Kennedy has been identified by Eastern Health and Darlene Welsh for Western Health. Aim to ensure balance of both ED and Community representation.

Action items:
- Central Health to forward name to Donna Mushrow.

Person responsible: Central Health Steering Group Members
Deadline: April 17/14

Budget

Discussion: The 15% relief coverage was not included in the budget letters will be available.

Conclusions: Revised letters to be sent to RHAs.

Action items:
- Follow-up with revised letters.

Person responsible: HCS
Deadline:

Conclusion

Discussion: Meeting adjourned at 1:47.

Conclusions: Next meeting set for April 17, 2014 at 1:00 pm.

Action items:

Person responsible:
Deadline:

Additional Information

Terms of Reference for the Steering Committee and RHA Working Groups – table for approval at next meeting.
Eastern Health Community Referral Form
# Community Rapid Response Teams

## Provincial Steering Committee Meeting

**Minutes**

Attendance: Angela Batstone ©, Karen Milley, Gail Downing, Teara Freake, Tammy Priddle, Mimie Carroll, Traci Foss, Dr. Roger Butler, Karen Nolan, Dr. Larry Alteen, Donna Musbrown ©

## Welcome and Introductions

**Discussion:** Angela welcomed members to the initial meeting of the Steering Committee that will be tasked with guiding the pilot implementation for the Community Rapid Response Teams.

**Conclusions:**

<table>
<thead>
<tr>
<th>Action items: N/A</th>
<th>Person responsible: N/A</th>
<th>Deadline: N/A</th>
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</thead>
</table>

## Agenda additions and Approval

**Discussion:** Agenda was accepted as proposed with the addition of Budget put forward by Karen Milley.

**Conclusions:**

<table>
<thead>
<tr>
<th>Action items: N/A</th>
<th>Person responsible: N/A</th>
<th>Deadline: N/A</th>
</tr>
</thead>
</table>
Terms of Reference

Discussion:

Provincial Project Steering Committee Terms of Reference

- Clarification was provided for a question regarding the initiative being a pilot when there was permanent funding attached to 2 of the teams (Western and Eastern) and temporary funding for the other 2 teams (Central as well as the second Eastern team). While some of the funding is currently temporary, based on similar initiatives in other areas of the country it is anticipated that these teams will have positive evaluations that will lead to permanent funding. The intent of the pilot in the Terms of Reference is to afford opportunities for modifications for the teams as they are implemented.

- It was indicated that the acronym CRRT is confusing as it is the same acronym as Continuous Renal Replacement Therapy. Alternate names were suggested for this initiative: Geriatric Rapid Response Team (GRRT) or Community Quick Response Program (CQRP).

- Dr. Butler suggested that there should be a reference to 2 local publications by the Newfoundland and Labrador Center for Applied Health Research (NLCAHR) in the background information. These reference documents will be provided to the group.

RHA Working Group Terms of Reference

- No comments or suggested revision were made for this draft document. Document to be shared with RHA Working Groups for any suggested revisions.

Conclusions: Revised Draft Project Steering Committee Terms of Reference will be available for the next meeting.

Action items:

Additional comments for the Provincial Project Steering Committee Terms of Reference can be forwarded to Donna Mushrow prior to the next meeting.

RHA Working Group Terms of Reference to be shared with the regional groups.

Person responsible: All Committee members Deadline: March 10, 2014

Committee Members participating in RHA Working Groups Deadline: March 10, 2014

Eligibility Criteria

Discussion: Eligibility criteria reviewed. Some discussion regarding adding COPD as a target diagnosis. Concern that we may eliminate some potential individuals by identifying specific diseases and may want to consider multisystem diseases in general for consideration. Additionally, may want to consider the addition of frailty to the criteria and provisions for exceptions when the client may fit and benefit from services and are not included in the eligibility.

There was concern presented that the age of 65+ may be too low and the team may be overwhelmed with clients. Suggested that initially we target the eligibility criteria for the 75+ age group.

Conclusions: Revised eligibility criteria to be presented at the next meeting.

Action items: RHA Working Groups may provide further feedback on the eligibility criteria. Feedback available prior to the next meeting can be forwarded to Donna Mushrow.

Person responsible: Committee Members participating in RHA Working Groups Deadline: March 12, 2014
**RHA Working Groups**

Discussion: It was agreed that the team in each RHA operationalize a little differently based on the internal process at the regional health authority. RHAs need to work within their process to have services set up for these clients. Additionally, it is recognized that there is some common work that needs to be completed and the RHA working group can take lead with identified components and then share across RHAs.

Eastern agreed that they would take the lead on the assessment tools and referral for the rapid response team. Western will take lead with the brochure and communication plan including a PowerPoint presentation that could be shared with staff. Central will take the lead with position descriptions and job postings.

Conclusions: RHA leads confirmed

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern WG – assessment forms and referral</td>
<td>Karen/Gail/ Dr. Butler</td>
<td>Mid April 2014</td>
</tr>
<tr>
<td>Western WG – communication plan/brochure/PowerPoint</td>
<td>Tammy/Teara</td>
<td>Mid April 2014</td>
</tr>
<tr>
<td>Central – standardized roles and responsibilities for Position descriptions and job postings</td>
<td>Mimie/Traci</td>
<td>Mid April 2014</td>
</tr>
</tbody>
</table>

**Referral to CCRT**

Discussion: Suggested that the Triage Risk Screening Tool (TRST) be considered for referral for assessment by the Rapid Response Team.

Conclusions: Eastern Health WG will look at this with their consideration of forms.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Referral CCRT</td>
<td>EH WG</td>
<td>Mid April 2014</td>
</tr>
</tbody>
</table>

**Standard Referral Form**

Discussion: Brief discussion on the community health referral that is currently in place for the RHAs. Thought is that the referral that is currently in use can be used for referral for rapid response services as well. For purpose of evaluation, need to ensure that the referral can be identified for rapid response and that the data collection is standardized provincially for evaluation.

Conclusions: RHA WGs to look at the referral they are currently using.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Gather current referral “forms” – recognizing that some areas have electronic process via Meditech</td>
<td>Working Groups</td>
<td>Mid April 2014</td>
</tr>
</tbody>
</table>
### Geographic Coverage

Discussion: It is recognized that geographies to be covered by this initiative needs to be determined within the RHA working group and has to take into account community resources that are already in place or available to support the transition from ED to community in addition to the capacity that is created by the funding and HR provided for this initiative.

Consideration needs to be given regarding possible services that may be able to be implemented to support a client when they are outside of the identified geographic area.

Conclusions: RHA WG will report to the Steering Committee on their proposed geographic boundaries.

<table>
<thead>
<tr>
<th>Action items: Identification of geographic areas to be covered by each team to be identified and reported back to the Provincial Steering Committee.</th>
<th>Person responsible: Committee Members participating in RHA Working Groups</th>
<th>Deadline: Mid April 2014</th>
</tr>
</thead>
</table>

### CCRT Home support/RFP

Discussion: Suggested by several members that the department should see if there is a way for the province to take a provincial lead with the RFP for HSS. Consideration for the RFP to have 3 different RHAs identified.

Members suggested that members from this committee would be willing to participate in the RFP evaluation process.

Conclusions: Donna Mushrow agreed to take the current draft away to make consideration of possible ways to work provincially.

<table>
<thead>
<tr>
<th>Action items: Review RFP and propose suggestions to meet th goal of the committee.</th>
<th>Person responsible: Donna Mushrow</th>
<th>Deadline: March 31, 2014</th>
</tr>
</thead>
</table>
**Communication/PPT/Brochure**

Discussion: Plan for PowerPoint for staff and brochure for public. May draw upon information that is currently in use for the Healthy Aging Clinic in Port aux Basques as well as material distributed for this meeting.

The absence of a common EMR highlights the need for enhanced communication for GPs who have clients that are utilizing the services of the rapid response initiative in the community. The initiation of this communication may be facilitated through the development of a notification letter that would be sent to GPs and would indicate the services that are being used by the client as well as the presenting condition that initiated these services.

Consideration may be given to the Patient Passport that is already in use in Western health as a mechanism for communication in the circle of care.

**Conclusions:** Western will take the lead on the development.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brochure and PowerPoint</td>
<td>Tammy and Teara</td>
<td>Mid April 2014</td>
</tr>
<tr>
<td>Communication Letter for GPs</td>
<td></td>
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</table>

**Positions**

Discussion: Central WG will take the lead on the development of position descriptions and job postings for the human resources attached to this initiative.

Group felt that the NP would have a prime responsibility to follow-up with clients in the community and the CHN would also create some capacity for community follow-up. There may be a requirement for “up skilling” of the NP and CHN involved in the initiative.

The role of the GP or the collaborating physician would support the NP in practice when required.

Involvement of the GPs and the identification of a collaborating physician may look different in each of the teams/regions based on availability.

**Conclusions:** Central health will develop PDs and job postings. Regions to reach out for communication to GPs regarding this initiative.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of Position Descriptions and Job Postings</td>
<td>Central WG</td>
<td>End March 2014</td>
</tr>
<tr>
<td>Initiation of Communication to GPs and seeking o collaborating physicians for NP</td>
<td>All WG</td>
<td>End March 2014</td>
</tr>
</tbody>
</table>
### Evaluation

**Discussion:** NLCHI will be leading the evaluation of this project. An initial meeting has been held with NLCHI.

**Conclusions:** Each RHA is requested to have one representative identified for the Evaluation WG. In addition, there will be representation from NLCHI and HCS.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>RHAs to identify representative for the Evaluation WG to Donna Mushrow</td>
<td><strong>RHA WG</strong></td>
<td>March 12, 2014</td>
</tr>
</tbody>
</table>

### Health Line Support

**Discussion:** Thoughts that the Health Line can assist in supporting the clients involved in this initiative.

**Conclusions:** Will have discussion with HCS lead on facilitating.

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<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>Follow-up with Lesley Rogers</td>
<td><strong>Donna Mushrow</strong></td>
<td>March 12, 2014</td>
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</table>

### Next Meeting

**Discussion:** Budget deferred to the next meeting. Meeting date discussed.

**Conclusions:** Next meeting March 12, 2014 1:00-3:00 pm

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up meeting, space and teleconference for March 12, 2014</td>
<td><strong>Donna Mushrow</strong></td>
<td>March 2, 2014</td>
</tr>
</tbody>
</table>
ATTACHMENT #1
COMMUNITY RAPID RESPONSE TEAM EXPANSION

As you may be aware, Central Health has been taking part in a provincial pilot project since November, 2014, involving the Community Rapid Response Team (CRRT) based out of Grand Falls-Windsor. This team aims to enhance the ability for clients to receive safe, effective healthcare at home and, thus, also improve inpatient bed utilization.

The Department of Health has recently approved the expansion of the project’s client eligibility criteria in order to enhance the service’s capability. On a go forward basis, CRRT will now accept referrals for any patient whose needs can be met by their resources that are:

- **18 years of age or older and reside (or are willing to stay) between Badger and Botwood.**

- In need of, or at high risk for, hospital admission/emergency department utilization.
  - CRRT will now accept outpatient referrals from physicians provided the patient has been seen by the referring physician within the past 48 hours.
    - Please note, priority will be given to clients referred from the emergency department and those deemed highest risk to become inpatients.

- **Inpatients** for which earlier discharge can be facilitated by CRRT resources.

As a reminder, the CRRT program entails the following:

- Home-based follow up from a nurse practitioner, physiotherapist, occupational therapist, and registered nurse for up to 30 days.
- Availability of 168 hours of home support services for up to 2 weeks (without any financial assessment or charge to the client).

To refer a patient, or if you have any questions, please contact a member of CRRT at 292-2968 between 0800H-1600H, Monday-Friday.

Regards,

Community Rapid Response Team, Central Health
ATTACHMENT #2
COMMUNITY RAPID RESPONSE TEAM
ELIGIBILITY SCREENING TOOL

Please complete for all individuals age 18+ presenting to the emergency department (ED), who are medically stable, and may meet eligibility criteria for follow-up by the Community Rapid Response Team.

Please make a ☑ in the appropriate box to indicate presence or suspicion of any of the following:

- Multiple medical problems
- Prescribed / taking multiple medications
- Presentation to the ED due to a fall
- Acute delirium – stabilized through intervention
- Presentation to the ED due to caregiver burnout / failure to cope at home
- Common diagnosis, but not limited to, UTI, CHF or COPD
- Risk of hospital admission/ re-presentation to the ED
- Unplanned hospital admission in last 30 days
- Presentation to the ED after hours or on weekends
- Acute care admission – potential early discharge to community
- Acute Care - Alternate Level of Care (ALC) – assess for discharge to community

To be completed by the Community Rapid Response Team Community Health Nurse following assessment:

☑ Referral to Community Rapid Response Team
☑ Referral to Community Rapid Response Team not indicated ☐ Client/Caregiver declined service

Comments / Reason for Refusal:

________________________________________________________________________________________

Name: __________________________ Signature: __________________________

Date/Time: ______________
ATTACHMENT #3
<table>
<thead>
<tr>
<th>#</th>
<th>Divert Score (0-6)</th>
<th>MCP Number</th>
<th>Action on Rapid Response Checklist at Key Sign</th>
<th>Age</th>
<th>Current Needs</th>
<th>Wait list for OT/PT</th>
<th>Medication reviewed (Yes/No only in RAI)</th>
<th>Receipt of Home support Services</th>
<th>Case Manager</th>
<th>Total of Face to face visits</th>
<th>Duration on case load (years)</th>
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</table>
ATTACHMENT

#4
Community Rapid Response Teams
Provincial Steering Committee Meeting Agenda

January 19, 2016 at 11:00 AM
Teleconference or Boardroom #2 HCS
1-888-579-9842

Call to order

Roll call

Approval of minutes from November 17, 2015

Agenda additions and approval of agenda

Open issues
  1. Regional Updates
  2. Client surveys
  3. Social Work
  4. OT/PT
  5. DIVERT

New business

Adjournment
  a) Next meeting proposed for XXXX at XXXX
  b) Conclusion
ATTACHMENT

#5

This is the November 17, 2015 meeting minutes, which can be found in the Combined Minutes PDF.
ATTACHMENT #6
Active on Rapid
Response Caselaod at
Divert Score (0-6)

This is patient's personal
health information and must
be withheld under s.40.

11


ATTACHMENT

#7

SAME AS ATTACHMENT #4
ATTACHMENT #8

SAME AS ATTACHMENT #5
ATTACHMENT

#9
Evaluation of the Community Rapid Response Team Initiative

Lead Evaluator: Natalie Reardon

Introduction:
You are being asked to participate in a telephone survey as part of an evaluation of the Community Rapid Response Team Initiative. The evaluation is supported by the Department of Health and Community Services.

Purpose of the Evaluation:
The purpose of this evaluation is to assess client satisfaction with the homecare services provided by the program.

Description of Evaluation:
If you agree to participate, we will follow up with you to conduct a brief telephone survey after you exit the Community Rapid Response Team program. You will be asked about the services you received, your satisfaction with the program, and suggestions for improving the program. It is estimated that the total time involved for your participation for the survey is 15 minutes.

Participation:
Participation in this evaluation is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the interview at any time with no effect on your health care status.

Risks/Benefits:
There are no known risks involved in participating in this evaluation. The results from this evaluation will inform improvements to the program. It is not known whether this study will benefit you personally.

Confidentiality:
The lead evaluator will be the only person with access to your name and contact information. This information will be locked in a filing cabinet in a secure location. Anonymity will be guaranteed in that comments from all participants will be kept separate from all individual identifiers and combined together for the purpose of analysis. Surveys will be stored for a maximum of 1 year after analysis. The results of this evaluation may be described in oral and written presentations. At all times the results will be presented in a combined group format only and no personal identifiers will ever be used. Personal information will not be released at any time.

This letter is yours to keep.

If you have any further questions about the evaluation, please feel free to contact:

Natalie Reardon Phone: (709) 752-6125 or Email: natalie.reardon@nlchi.nl.ca
Evaluation Title: Evaluation of the Community Rapid Response Teams Initiative

Name of lead evaluator: Karly Hamilton

To be filled out and signed by the participant:

Please check as appropriate:

I have read the consent form ___________________________ Yes { } No { } 
I have had the opportunity to ask questions/to discuss this evaluation. Yes { } No { } 
I have received satisfactory answers to all of my questions. Yes { } No { } 
I have received enough information about the evaluation. Yes { } No { } 
I understand that I am free to withdraw from the evaluation at any time without having to give a reason without affecting my future health care status Yes { } No { } 
I understand that it is my choice to be in the evaluation and that I may not benefit. Yes { } No { } 
I agree to take part in this evaluation. Yes { } No { } 

Signature of participant ___________________________________________ Date ___________________

Signature of witness (if applicable) ___________________________________________ Date ___________________

Please have participant provide the following:

Name of participant: ___________________________ Relation to client: ___________________________ 
Contact Number: ___________________________ Best time to be reached: __AM __PM

To be signed by the person obtaining consent

I have explained this evaluation to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the evaluation, any potential risks of the evaluation and that he or she has freely chosen to be in the evaluation.

Signature of person obtaining consent ________________ Date ________________
ATTACHMENT

#10
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
ATTACHMENT #11
Background and Current Status:

- The CRRT is a pilot project of a strengthened and structured partnership between home and community services and the Emergency Department (ED) at four sites in the province; Health Science Center and St. Clare’s Mercy Hospital in St. John’s, Central Newfoundland Regional Health Center in Grand Falls Windsor and Western Memorial Hospital in Corner Brook.

- CRRT provide a higher level of care and enhanced support to assist individuals to return home following their presentation to an ED and to facilitate early and safe discharge from acute care. The assessment and care plan development identifies individuals that can be supported with enhanced home care as they recuperate to a lower level care; manageable within the routine home care services that are available in their community.

- Through this initiative clients are provided with short term enhanced services at home that may include:
  - Increased nursing support, intensive OT and/or PT and home visiting from a family physician/nurse practitioner
  - Equipment and/or supplies that are required to facilitate recovery for a 30 day period.
  - Increased home support up to 168 hours over a fourteen day period following acceptance to the program.

- The goal is to have a positive impact on emergency room and acute care inpatient bed utilization as clients are provided with effective, efficient and quality care in their own home.

- The human resource funding that was provided for each CRRT included:
  - 2 FTE community health nurses (CHN)
  - 1 FTE nurse practitioner (NP)
  - 0.5 FTE physiotherapist (PT)
  - 0.5 FTE occupational therapist (OT)
  - 1 FTE administrative support

- The Eastern CRRT provides services to all communities in and around the area surrounding St. John’s, Mount Pearl, and Conception Bay South to and including Seal Cove with the exception of Bell Island, and the Southern Shore with the exception of the district of Trepassey.
Western CRRT provides services to individuals residing in Corner Brook, Curling, Mount Moriah, Hughes Brook, Irishtown, Summerside, Meadows, Steady Brook and Massey Drive.

- An evaluation for the pilot project is being led by the Newfoundland Center for Health Information (NLCHI). Data will be collected for the evaluation until March 31, 2016.

- HCS provides leadership on a Steering Committee for this initiative and continues to work closely with the RHAs with the implementation. The Eastern and Western Health committee representatives have indicated that the OT and PT resources that were provided for the pilot are insufficient to meet the demand from the client group accessing services of the CRRT.

Analysis:
- Shorter hospital stays, greater use of outpatient treatment and an aging population with longer life expectancy has increased the need for home and community based care. As individuals choose to remain in the own home and community, the need for OT and PT services is also increasing. OT and PT services effectively promote independence, health and prevent injury with individuals and families by reducing barriers and encouraging participation in their life activities.
Eastern

- Eastern Health initiated their CRRTs in September 2014. To date, 316 clients have been accepted onto the CRRT program. 242 (76.5%) of these clients have received PT and 235 clients (74.3%) have received OT.  

Western

- Western Health initiated their CRRT in November, 2014. To mid-October 87 individuals had received services from the CRRT with 58 (67%) availing of OT and 43 (50%) availing of PT.
Western Health reports that there is an average 45 day waitlist for community OT; 35 days for priority 1 clients; 77 days priority 2 and 25 days for clients on recall (not active for service but have been seen in the past and may need an adjustment or replacement of equipment).

Additionally, Western Health is looking to provide the services of the CRRT to facilitate discharge from restorative care. The CRRT will provide supports to these clients in the early transition period to their homes. As restorative care has high usage of OT and PT, access to community based OT and PT service is critical to facilitate early discharge.

Alternatives:

1. Pros:

Cons:

2. Pros:

Cons:
ATTACHMENT #12

This is the Annual Monitoring Report - 2012 / 13 - Emergency Department Wait Time Reduction Strategy and has been removed as non-responsive to this request.
ATTACHMENT

#13
Community Rapid Response Teams
Provincial Steering Committee Meeting Agenda
November 17, 2015 at 2:00 PM
Teleconference or Boardroom #1 HCS 1-888-579-9842
Participant Pin: [Redacted] # s.35(1)(g)
Moderate Code: [Redacted] #

Call to order

Roll call

Approval of minutes from September 17, 2015

Agenda additions and approval of agenda

Open issues

1. Regional Updates
2. Client surveys
3. Social Work
4. OT/PT

New business

Adjournment

a) Next meeting proposed for January 19, 2015 at 2:00 pm
b) Conclusion
ATTACHMENT

#14

This is the Sept 17, 2015 Meeting Minutes, which can be found in the Combined Minutes PDF.
ATTACHMENT
#15
You have received this survey as you recently received services from the Community Rapid Response Team. This survey is part of an evaluation being conducted by the Newfoundland and Labrador Centre for Health Information to inform the Department of Health and Community Services about this new service. The purpose of this survey is to determine your satisfaction with the services you received from the team. Please answer as completely and honestly as possible.

If you have any questions about this survey, or wish to complete by telephone, please contact the Newfoundland and Labrador Centre for Health Information at (709) 752-6001.

You can also complete the survey online at: https://www.research.net/r/nlchi-c CRT

**Regional Health Authority:**

- [ ] Eastern Health
- [ ] Central Health
- [ ] Western Health

1. Which members of the Community Rapid Response Team visited you at home? (Please check all that apply)

- [ ] Community Health Nurse
- [ ] Occupational Therapist
- [ ] Home Support Worker
- [ ] Nurse Practitioner
- [ ] Physiotherapist
- [ ] Family Doctor
- [ ] Not sure

2. Were you satisfied with the support provided to you in your home?  
   [ ] Yes  [ ] No  
   (You can write any comments below)  

   [ ]

   [ ]

   [ ]

3. Do you agree or disagree with the following statements? (Please circle your response)

   a) The nurse at the emergency department made it clear how the team could help me

   [ ] Agree  [ ] Disagree

   b) The team helped me the way I thought they would

   [ ] Agree  [ ] Disagree

   c) I feel my needs were met by the team

   [ ] Agree  [ ] Disagree

   d) Overall, I am happy with the team

   [ ] Agree  [ ] Disagree

   e) If it was needed, I would use this service again

   [ ] Agree  [ ] Disagree

4. What changes, if any, would you make to help the team better support people who use this service?

   [ ]

   [ ]

   [ ]

   [ ]

   [ ]

   [ ]

   (Please continue to other side)
Community Rapid Response Team Initiative
Client Satisfaction Survey

5. Do you have any other comments or concerns about your experience while receiving support and services from the team?

________________________________________________________________________________________________________________________________________________________________

6. The HealthLine is a free telephone service (1-888-709-2929) that offers 24 hour health advice and information at any time that you need it. While receiving services from the team, did you or a family member call the HealthLine regarding your health? □ Yes □ No (If no, go to question 7)

a) Did you follow the advice given by the HealthLine nurse? □ Yes □ No

b) Did calling the HealthLine help you avoid a visit to the emergency department? □ Yes □ No

c) How many times did you call HealthLine? □ Once □ 2-3 times □ 4 or more times

7. Please indicate the age of the person who received care: _______

8. Please indicate the gender of the person who received care: □ Male □ Female

9. Please indicate whether you are: □ the person who received care □ the person’s family member or caregiver

INSTRUCTIONS:
When you have completed the survey, please seal it in the envelope provided. You may give it to your nurse on the next visit, drop it by your local community health office, or you may mail it to the address below.

Newfoundland and Labrador Centre for Health Information
70 O’Leary Ave
St John’s, NL
A1B 2C9

Your responses will only be seen by the Evaluator at the Newfoundland and Labrador Centre for Health Information.

Thank you for taking the time to complete this survey!
ATTACHMENT #16
Background and Current Status:
The CRRT is a pilot project of strengthened and structured partnership between home and community services and the emergency departments at St. Clare’s Mercy Hospital and Health Sciences Centre that was implemented on September 15, 2014. Funding (half permanent & half temporary) for the 18 month pilot project is provided by the Department of Health and Community Services to support Close to Home: A Strategy for Long Term Care and Community Support Services.

The goals of the pilot include delivery of quality, cost effective care to adults, primarily to seniors, in their own home as an alternative to acute or long term care & the development of plans of care that link clients to the appropriate community services necessary to meet their long term needs.

The CRRT inter-professional team is comprised of:
2 Nurse Practitioners (NP) - 1 FTE Perm & 1 FTE temporary (currently vacant) until March 31, 2016 (community based)
2 Community Health Nurse (CHN) IIs - 2 FTEs Perm (1 St. Clare’s & 1 HSC emergency department)
2 Community Health Nurse Is - 2 FTEs temporary until March 31st 2016 (community based – Funding for community based nursing positions is for CHN II however positions classified as CHN I)
1 Occupational Therapist – 1 FTE temporary until March 31st 2016 (community based)
1 Physiotherapist (PT) - 1 FTE temporary until March 31, 2016 (community based)
1 Administrative Support -1 FTE Perm (community based) & 1 FTE temporary - vacant - funds used for additional human resources as required.

As of September 21st, 2015 three hundred & sixteen (316) clients have been accepted onto the CRRT program.

Eligibility criteria (see attached) has changed 3 times since the program was implemented in Sept 2014 due to low uptake to include individuals discharged early from Acute Care & those occupying ALC beds at the HSC only at this time. One hundred & seventy-eight (178) of the 316 clients (56.3%) on the CRRT program have required home supports during the first 2 weeks of the program. During this 2 week period an enhanced level of home support, up to one hundred & sixty eight (168) hours can be accessed, based on assessed need, without financial cost to the client. These clients potentially require long term home supports and or placement in a long term care facility after the initial 2 weeks of home support service. One FTE Social Work resource from the Community Supports Program is being utilized temporarily, until September 30th 2015, to assist with meeting long term home support needs of clients after the initial home supports are implemented. At present the role of the CHN I has been primarily to assess or reassess & monitor home support services.
Clients who meet the eligibility criteria of the CRRT generally present with multiple co-morbidities, complex medical care needs & social issues. To meet the goals of the CRRT program and to provide safe, comprehensive & effective care to meet complex client needs, an inter-professional team with the appropriate skill mix & experience is critical. Team members must possess a strong knowledge of available community resources & services, demonstrate a high level of critical thinking & problem solving, & practice with a high degree of autonomy.

**Action Being Taken:**

It is evident from the utilization of the CRRT home support services that a Social Work resource would be beneficial with regard to the implementation & monitoring of the CRRT short term home supports & assessment of long term home support needs. This would allow other inter-professional team members to work to full scope of practice while providing increased continuity of care for clients with complex social issues and home support needs.

**Recommendations:** s.29(1)(a)

---

Prepared by: Dawn Gallant  
Manager Primary Health Care & Community Rapid Response Team

Approved by:

09/29/2015
ATTACHMENT

#17

This is the July 16, 2015 meeting minutes and can be found in the Combined Meeting PDF.
1. Which members of the Community Rapid Response Team visited you at home? Please check all that apply: (responses)

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Nurse</td>
<td></td>
<td>76.19%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td></td>
<td>57.14%</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td></td>
<td>85.71%</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td></td>
<td>76.19%</td>
</tr>
<tr>
<td>Home Support Worker</td>
<td></td>
<td>71.43%</td>
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<tr>
<td>Family Doctor</td>
<td></td>
<td>9.52%</td>
</tr>
<tr>
<td>Not Sure</td>
<td></td>
<td>4.76%</td>
</tr>
</tbody>
</table>

Some data removed throughout this file as possibly identifiable to patients, particularly with cell sizes under 5.

Note: Percentages sum to more than 100%, as respondents could choose more than one response.
2. Were you satisfied with the support provided to you in your home? (responses)

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>95.24%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>4.76%</td>
</tr>
</tbody>
</table>

Comments:
- They were very informative. They let us know what was available, things that we really didn’t know about.
- I found everyone involved to be very helpful and professional. Our home care worker was very friendly and caring.
- Partially. One of the home care workers was fabulous; the other two were frustrating.
- A program that’s well worth continuing.
- was a really good support worker and the rest of them were very nice.
- The team that was assigned to my mother were absolutely fabulous. I am not sure where we would be had it not been for their expertise, kindness and dedication.
- The suggestions made by the team members to improve Mom’s living area were carried out by the family. As a result, she has a more safe environment.
- Couldn’t get a doctor to come visit at home. Physiotherapist was too pushy, NP was not helpful (e.g., financial assessment). Mother was asked to pay $200/month which was unreasonable.
- Yes, very satisfied. The support was immediate, professional, efficient and very welcome. I do not remember a nurse at emerg, but I may have been in shock on my arrival. The only problem was waiting 12+ hours to be seen by a doctor! Especially difficult with a fractured compressed spinal injury!
Community Rapid Response Team Initiative Client Satisfaction Survey
Summary of Responses
September 11, 2015

- As the spouse and caregiver, I really appreciated this service. I had no idea there was this service available. I thank each member of the team for all their support.

- It was a wonderful thing to have after I got out of the hospital. Great help and good company.

- Everyone was respectful, kind and helpful. Please keep “med speak” to a minimum, as such terminology is not always understood by someone in her 80s.

3. Do you agree or disagree with the following statements?

a) The nurse at the emergency department made it clear how the team could help me. (responses)

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<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Agree</td>
<td></td>
<td>78.95%</td>
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<tr>
<td>Disagree</td>
<td></td>
<td>21.05%</td>
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</tbody>
</table>

b) The team helped me the way I thought they would. (responses)

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td></td>
<td>95.24%</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>4.76%</td>
</tr>
</tbody>
</table>
Summary of Responses

September 11, 2015

c) I felt my needs were met by the team. (1 responses)

<table>
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<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td></td>
<td>95.24%</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>4.76%</td>
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</table>

d) Overall, I am happy with the team. (1 responses)

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<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>20</td>
<td>95.24%</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>4.76%</td>
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e) If it was needed, I would use this service again.

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<tbody>
<tr>
<td>Agree</td>
<td></td>
<td>95.24%</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td>4.76%</td>
</tr>
</tbody>
</table>
4. What changes, if any, would you make to help the team better support people who use this service?

- We found it very satisfactory.
- Nil.
- Make sure family knows that the Rapid Response Team is there for them, so family members don’t have the added stresses of how to get support for our loved ones when/if released. The team leader should have some flexibility of the hours of support, depending on the acute care needed—case by case. Home care should consider the needs of elders and perhaps provide support with “mature” workers.
- Considering the services that I received I can’t suggest any changes.
- I know it is basically only a pilot project, but based on our experience it should definitely be extended as I have heard some horror stories from other friends who never had the opportunity to avail of the Rapid Response Team system.
- Home care/respite care extended. To know what a home care worker is allowed to do, their responsibilities, before they come to your home, and to know what training they received.
- In cases where clients have a form of dementia, a family member should be present; otherwise, suggestions made by the Team may be missed.
- No need to have Team, waste of time.
- It worked very well for me, but I would prefer to know that the home care workers had more information about clients before arriving on site. They seemed not to know where they were coming until the last minute, or what condition I was in. OK for me, but I felt it was hard on them.
- No changes.
For back injuries, please provide a bed rail along with the toilet seat and bath bend. Making that available sooner—one was provided 3 ½ weeks after the fall—may have made a big difference in our situation. Do not recommend Aleve to 70+ patients—we had a bad experience with GI troubles.

5. **Do you have any other comments or concerns about your experience while receiving support and services from the team?**

- I am very satisfied with the service that you provided for me.
- They were all very respectful and took the time to explain things, especially the nurse practitioner. He was extremely helpful.
- We appreciated this service at a time when my dad needed it. We now know what’s out there should we need help.
- No, very satisfied.
- The team was fabulous. Thank you. The home care: some of the workers could use more common sense, perhaps again a mature worker for the elderly.
- Only to say how thankful I am for the service I received. I feel that it’s a wonderful program and that it will continue. Many thanks to [redacted] and [redacted] s.40(1)
- Yes, my mother, though moved from Respite Care into her own small unit which the family pays for, may not adjust well physically/emotionally. I would love for follow-up from the same group if her condition changes and she may need placement in a Nursing Home. Would be better for all if we could still be assigned to [redacted], [redacted] and [redacted] s.40(1)
- We received excellent support from our home care worker. It is scary to leave your mother to the care of someone you don't know and to trust some stranger in your home—we had a good experience.
- I feel this is a great service and if they can keep clients in their own homes, everyone will benefit. Thank you.
- Should have received more home care services.
- All members of the team I saw were excellent. No complaints, just thanks all round.
- I would hope that this response team remains in place. They got me through a rough time.
- Although it was good having someone closer to my age, I felt that she needed more experience with things like cooking.
Community Rapid Response Team Initiative Client Satisfaction Survey
Summary of Responses
September 11, 2015

- Summer holidays, naturally, do disrupt the continuity of support and/or provider. From the patient's perspective, that can be even more overwhelming as there are several people to get to know, remember and connect with. Finally, if a member of the team could sign insurance forms (i.e., a physician), we would not have waited so long for processing.

6. While receiving services from the team, did you or a family member call the HealthLine regarding your health? [responses]

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>10.00%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>90.00%</td>
</tr>
</tbody>
</table>

7. Did you follow the advice given by the HealthLine nurse? [responses]

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>100.00%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>0.00%</td>
</tr>
</tbody>
</table>

8. Did calling the HealthLine help you avoid a visit to the emergency department? [responses]

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>50.00%</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>50.00%</td>
</tr>
</tbody>
</table>

9. Please indicate the age of the person who received care: [responses]

<table>
<thead>
<tr>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>77.29</td>
<td>33</td>
<td>94</td>
</tr>
</tbody>
</table>
10. Please indicate the gender of the person who received care:

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td>38.10%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td>61.90%</td>
</tr>
</tbody>
</table>

11. Please indicate whether you are the person who received care, or the person’s family member or caregiver:

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person receiving care</td>
<td></td>
<td>42.86%</td>
</tr>
<tr>
<td>Family/caregiver</td>
<td></td>
<td>57.14%</td>
</tr>
</tbody>
</table>
Community Rapid Response Team Initiative Client Satisfaction Survey
Summary of Responses
September 11, 2015

![Bar chart showing satisfaction rates for Person receiving care and Family/caregiver.](image-url)
ATTACHMENT #19

See Separate document
ATTACHMENT

#20
**Decision Note**

**Department of Health and Community Services**

**Title:** Community Rapid Response Teams Request for Proposals (RFP) for the Provision of Home Support Services.

**Background**

- The Department initially announced two sites for Community Rapid Response Teams (CRRT) with the release of the *Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador 2012*. This strategy indicated that HCS will work with the regional health authorities through the initiation of a pilot project to provide access to enhanced community-based health services for seniors, who present at an emergency department who could be supported at home, thus avoiding hospital admission. Budget 2013 invested $1.6 million for the expansion from two sites to four.

- The four CRRT became operationalized in the Fall of 2014. The sites with CRRT available are Health Science Center and St. Clare’s Mercy Hospital in Eastern Health, Central Newfoundland Regional Health Care Center in Central Health and Western Memorial Regional Hospital in Western Health.

- Through CRRT, appropriate clients can access enhanced services to facilitate discharge from the emergency department. These services include nursing, occupational and physical therapy, enhanced home support service, access to medical supplies and equipment and physician in-home visiting. All services with the exception of home support services and physician in-home visiting are provided through the RHA. After the services of CRRT are complete, clients can access routine home care services if required.

- Home support provides assistance with activities of daily living to help individuals remain in their own home, often with the effect of preventing, delaying or substituting the need for institutional placement. Home support services include the provision of personal and behavioural supports, household management and respite at the minimum level to maintain individual independence; they are non-professional in nature and for the CRRT are delivered by an approved home support agency.

- Short term home support services are generally provided by agencies as the requirement to set up an employer for the self-managed home support option is not feasible. Based on the challenges of home support agencies to meet requests for short term home support to facilitate hospital inpatient discharges, a Request for Proposals (RFP) to secure home support services for CRRT clients was released by Western Health on behalf of the three RHAs involved in the pilot project.
• The award of the RFP was to provide a contact point with a single agency in each RHA that would be responsible to provide home support workers to respond to CRRT clients with home support needs. This would provide priority access to timely home support services through a single contact and facilitate the rapid discharge of emergency room clients that required home support as a component of their care plan.

• Recent changes have been accepted to have the CRRT include opportunities to facilitate early discharge of inpatients including Alternate Level of Care patients to facilitate greater uptake. Implementation of these changes is ongoing.
- The RFP states that "Western Health reserves to itself the unfettered right to reject any or all responses to this RFP and is not bound to accept the highest ranking, lowest cost or any response. Each proponent in submitting a response to this RFP agrees that the proponent shall not take any legal action of any nature or kind arising from any decision made by Western Health to award or not to award to any proponent. Western Health may elect to cancel this RFP at any time with or without cause and no liability shall accrue as a result of the exercise of its discretion in this regard."

- At the most recent meeting of the Home Care Agency Provincial Advisory Committee, the agency representative acknowledged that there needed to be an ongoing demand for service to make this viable for agencies. [REDACTED] has since indicated that they are no longer interested in entering into a contractual agreement. As such, there is not expected to be any negative reaction from home support agencies regarding the cancellation of the RFP.
ATTACHMENT #21
Decision Note
Department of Health and Community Services

Title: Expansion of Eligibility Criteria for the Community Rapid Response Teams

Decision/Direction Required:

- A decision is being sought from the Minister of Health and Community Services whether or not to expand the eligibility criteria for the Community Rapid Response Teams.

- It is recommended that:
  - the Department of Health and Community Services approve expanding the eligibility criteria for the Community Rapid Response Team Pilot Project to include any individual 18 years of age or over when their needs can be met within the available resources and within the timeframe for services to:
    - Facilitate earlier discharge from acute care thus preventing individuals from becoming designated as Alternate Level of Care.
    - Facilitate discharge of individuals designated as Alternate Level of Care.

Background and Current Status:

- The consultation completed for Close to Home: A Strategy for Long Term Care and Community Support Services indicated that seniors want to remain in their home and communities, and there is evidence to suggest that providing care at home is a cost-effective alternative to acute and long term care.

- The Department initially announced two Community Rapid Response Teams (CRRTs) with the release of the Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador 2012. For these teams, Budget 2012 committed $491,500 in one-time funding to support two pilot sites (total of $2,045,500 in one-time funding). Further, Budget 2013 invested an additional $1.6 million of base funding to expand the implementation of the pilot project from two sites to four.

- The CRRTs is a pilot of a strengthened and structured partnership between home and community services and the Emergency Department (ED) at four sites in the province; Health Science Center and St. Clare’s Mercy Hospital in St. John’s, Central Newfoundland Regional Health Center in Grand Falls Windsor and Western Memorial Hospital in Corner Brook. The RHAs were consulted regarding the location of the teams.

- CRRTs provide a higher level of care and enhanced support for individuals by assisting those individuals to return home following their presentation to an ED, thus avoiding hospitalization where possible or re-presentation to the ED.

- Studies show that hospitalized older individuals with multiple medical problems are at significant risk of losing functional ability. The maintenance of functional ability with activities of daily living such as bathing, dressing, feeding and mobility are critical to the ability of seniors to remain in the own home and community.

- The goal is to have a positive impact on emergency room and acute care inpatient bed utilization as clients are provided with effective, efficient and quality care in their own home.
A Steering Committee for this initiative worked closely with 3 RHA Working Groups to finalize eligibility criteria, referral processes, assessment tools, communication plans, staffing, geographic coverage and access for home support. An evaluation framework for the pilot project is being led by the Newfoundland Center for Health Information (NLCHI).

Based on information gathered from an analysis of provincial data, a Canadian jurisdictional scan of similar initiatives and work of the Steering Committee, the agreed target population for implementation was:
- On the trajectory for in-patient admission
- Primarily, 65 years and older
- Medically stable
- Multiple medical problems
- Taking multiple medications
- Presented due to a fall
- Acute delirium that has been stabilized through intervention
- Common diagnosis such as urinary tract infection or congestive heart failure
- Presents due to caregiver burnout

Through this initiative clients are provided with short term enhanced services at home that may include:
1. Increased nursing support, intensive occupational and/or physical therapy, and home visiting from a family physician/nurse practitioner, equipment and/or supplies that are required to facilitate recovery for a 30 day period.
2. Increased home support up to 168 hours over a fourteen day period following acceptance to the program.

The home support and access to equipment/supplies are provided to the client without financial assessment or client contribution for the specified periods. As the need for home support is immediate and for a short period of time, it is provided through the Agency model only.

The assessment and care plan development considers that these individuals can be supported with enhanced home care as they transition to a lower level care requirement that is manageable within the routine home care service that is available in their community.

The Eastern Health Teams began in September 2014 and the teams at Central and Western Health started to accept referrals in November 2014.

While to date all of the teams have had some uptake, it is recognized that there is capacity in each of the teams to consider additional individuals that are not in the currently identified target population. A change has been incorporated so individuals that present in the ED after hours and on weekends that may have been eligible are contacted for possible admission to CRRT. While these individuals were not slated for admission at the most recent ED presentation, it is recognized that they will often re-present to the ED and require admission with a subsequent visit. Providing this service through CRRT works toward avoiding the need for future acute care services. Following this change, there continues to be capacity in each of the teams.
Analysis:
- Due to capacity within the CRRTs, the Steering Committee is recommending expanding the target group for the CRRTs to increase utilization by:
  - including all individuals that are 18 years of age and over that can be safely cared for in their own home.
  - Facilitating earlier discharge from acute care thus preventing individuals from becoming designated as Alternate Level of Care when their needs can be met within the resources and timeframes for services of the CRRT.
  - Facilitate discharge of individuals designated as Alternate Level of Care when their needs can be met within the resources and timeframes for services of the CRRT.

- This expansion of program eligibility will not require additional funding; requiring that CRRT clients have their needs met within the current resources and timeframes ensures that CRRT services are provided within the allocated budget.

- As the CRRT was initially implemented to address emergency wait times, clients that are referred from the emergency room will take priority if there are competing referrals.

- Once the CRRT is at maximum resource utilization; new clients will be accepted as CRRT capacity becomes available through the discharge of clients. As the services required are not the same for all individuals, the capacity of the CRRT will depend on the services that are needed to support the care of individuals in the community. Therefore, there is no set number to define maximum capacity. Rather this is determined by the services required and considers frequency and intensity of the services provided.

Alternatives:

1.

2.

Prepared/Approved by: D. Mushrow/ A. Batstone/D. Tubrett/B. Cooper
Ministerial Approval: March 27, 2015
NOTIFICATION OF CLIENT ADMISSION UNDER THE COMMUNITY RAPID RESPONSE TEAM PROGRAM

Client: __________________________
Date of birth: ____________________
MCP: ____________________________

Dear Dr. ________________________,

Please be advised that the above named patient, who is under your care, is now also being followed by the Community Rapid Response Team.

The Community Rapid Response Team (CRRT) is a pilot program designed to reduce hospital admissions through supporting and enabling seniors with non-urgent medical conditions to return home safely after an illness or injury that resulted in an emergency room visit.

For a period of time, not greater than 30 days, your patient will be followed by a multidisciplinary team of health care professionals who will work with the patient and his/her family to promote independence and maintain quality of life.

You will also be notified when the patient is discharged from the program, and updated on any care/treatments provided by the team.

Should you wish to discuss this patient's care, or have any questions, please contact our administrative support at 752-6859, who will connect you with the appropriate team member.

Nicole Halliday

_____________________________
Administrative Support

Community Rapid Response Team
ATTACHMENT

#23
Date:

Dear Dr. __________________________,

The above named patient of yours is being discharged from the Community Rapid Response Team. Below is a brief summary of the care the patient received from the team, referrals for continuing care and recommendations from the team members:

- **Nurse Practitioner**

  Name ___________________________  Signature __________________________

- **Physiotherapy**

  Name ___________________________  Signature __________________________

- **Occupational Therapy**

  Name ___________________________  Signature __________________________

- **Community Health Nurse**

  Name ___________________________  Signature __________________________

Comments

Should you wish to discuss this patient’s care or have any questions, please contact our administrative support at 752-6859, who will connect you with the appropriate team member.
ATTACHMENT
#24
NOTIFICATION OF CLIENT ADMISSION UNDER THE COMMUNITY RAPID RESPONSE TEAM PROGRAM

Date:

Dear Dr. ____________________,

Please be advised that the above named patient, who is under your care, is now also being followed by the Community Rapid Response Team.

The Community Rapid Response Team (CRRT) is a pilot program designed to reduce hospital admissions through supporting and enabling seniors with non-urgent medical conditions to return home safely after an illness or injury that resulted in an emergency room visit.

For a period of time, not greater than 30 days, your patient will be followed by a multidisciplinary team of health care professionals who will work with the patient and his/her family to promote independence and maintain quality of life.

You will also be notified when the patient is discharged from the program, and updated on any care/treatments provided by the team.

Should you wish to discuss this patient’s care, or have any questions, please contact our administrative support at 752-6859, who will connect you with the appropriate team member.

Nicole Halliday

Administrative Support for
Community Rapid Response Team
Dear Dr. __________________________,

The above named patient of yours is being discharged from the Community Rapid Response Team. Below is a brief summary of the care the patient received from the team, referrals for continuing care and recommendations from the team members:

- **Nurse Practitioner**

  Name ______________________ Signature ___________________________

- **Physiotherapy**

  Name ______________________ Signature ___________________________

- **Occupational Therapy**

  Name ______________________ Signature ___________________________

- **Community Health Nurse**

  Name ______________________ Signature ___________________________

- **Comments**

  If there are medication concerns, Dr. Roger Butler would be pleased to do a medication review if requested by the attending physician. Dr. Butler can be contacted at 777-6301.

Should you wish to discuss this patient’s care or have any questions, please contact our administrative support at 752-6859, who will connect you with the appropriate team member.
Community Rapid Response Teams
Provincial Steering Committee

Agenda

Call to Order
Review of October 20, 2014 Minutes
Agenda Additions and Approval
Communication
  • Brochure
  • Staff Information Sessions
Positions/Orientation
Home Support RFP
HealthLine Support
Evaluation
Report from Provincial Managers Group
Physician Notification
Update on St. John's Teams
NEW ITEM HOLDER
NEW ITEM HOLDER
Next Meeting
Conclusion

Additional Information

November 20, 2014
2:00 PM
Teleconference
1-888-579-9842
Participant Pin: #
Moderate Code: #
Boardroom #1 HCS
ATTACHMENT

#27
Community Rapid Response Teams
Provincial Steering Committee

October 20, 2014
3:00 PM
Teleconference
1-888-579-9842

Participant Pin: #
Moderate Code: #
Boardroom #1 HCS

Attending: Anne Rowsell, Dawn Gallant (Eastern), Angela Batstone ©, Dona Mushrow ©, Mimie Carroll, Karen Nolan, Teara Freake

Regrets: Gail Downing, Dr. Roger Butler, Tammy Priddle, Karen Milley, Dr. Larry Alteen

Agenda

Call to Order: Meeting was called to order at 3:00 PM.

Review of Agenda and September 10, 2014 Minutes

Discussion: No revisions for the minutes and new agenda items added.

Conclusions: Content for the minutes adopted as presented.

Agenda additions accepted as:
- Personal Care Homes
- Update on the St. John’s Teams
- Equipment

Action items:
N/A

Communication/PowerPoint/Brochure

Discussion:
- The PowerPoint was used to deliver 3 webinars at Eastern Health prior to the launch of their team. There were some revisions completed to the PowerPoint prior to the webinars that were shared with the other RHAs. There are 2 more webinar sessions that are scheduled within Eastern Health. It was noted that the sessions were well attended and the feedback was positive.
- Central and Western Health have not yet initiated their information sessions.
- There was confusion on the target audience for the brochure as the messaging seemed to be mixed to target both staff and clients. It was agreed that the target of the brochure was clients and the messaging would be refined to ensure consistency to target that audience.

Conclusions:
- Central and Western plan for information sessions.
- Western Health to continue to work on brochure.

Action items:
Brochure feedback to Tammy

Person responsible: Any member with feedback
Deadline: ASAP
## Positions

**s.38(1)(a)**

Discussion:

### Conclusions: Continuing with orientation in all RHAs.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ongoing Orientation</strong> RHAs</td>
<td>Donna Mushrow</td>
<td>ASAP</td>
</tr>
</tbody>
</table>

### Home Support RFP

**Discussion:** The top respondent to the RFP in each RHA have been identified. Each will be invited to a meeting with the respective RHA for preliminary meeting. Dept of Justice is continuing to work on the framework of a contract.

**Conclusions:** Each RHA to have initial meeting with proponent.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial meeting with respective proponent.</strong> RHA reps</td>
<td>Donna Mushrow</td>
<td>Early Nov 2014</td>
</tr>
<tr>
<td><strong>HCS (Justice) to develop contract framework</strong></td>
<td></td>
<td>Oct 24, 2014</td>
</tr>
</tbody>
</table>

### HealthLine Support

**Discussion:** Work is ongoing through Dept. of Justice. Aiming for drafts for the end of this week

**Conclusions:** Work ongoing with Justice. Will share draft documents when they become available.

<table>
<thead>
<tr>
<th>Action items</th>
<th>Person responsible</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Development of Draft consent form and information sharing agreement through Dept. of Justice.</strong></td>
<td>Donna Mushrow</td>
<td>Oct 2014</td>
</tr>
</tbody>
</table>
Evaluation

Discussion: Draft evaluation nearing completion. Continuing to develop tracking tools for evaluation metrics. It was also noted that the RHA may choose to capture additional information for internal evaluations.

Conclusions: Evaluation framework continues to be developed and will be shared with this group soon.

Action items:

<table>
<thead>
<tr>
<th>Work with NLCHI and the evaluation WG in draft of the evaluation framework, including metrics.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person responsible: Evaluation WG</td>
</tr>
<tr>
<td>Deadline: Oct 2014</td>
</tr>
</tbody>
</table>

Provincial Managers Group

Discussion: Recent meeting deferred.

Conclusions:

Action items:

| N/A |
| N/A |
| N/A |

Physician Notifications

Discussion: Met with the NLMA and physicians have requested that they be notified when patients/clients come on and are subsequently discharged from the program. Eastern Health has developed a form to respond to this request.

In Eastern, Dr. Butler has been meeting with the team on Fridays to discuss new cases that are being services through the CRRT.

Conclusions: RHAs to keep family physicians informed when patient/client are being serviced by CRRT

Action items:

<table>
<thead>
<tr>
<th>Develop mechanism within RHA.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person responsible: RHA</td>
</tr>
<tr>
<td>Deadline: Nov 2014</td>
</tr>
</tbody>
</table>

Supplies/Equipment

Discussion: Dawn Gallant shared the list that the Eastern Health teams are using. Anne Rowsell indicates that they are anticipating some challenges for equipment and supplies in Central Health as there is only one vendor and may explore other options such as Red Cross. CH may also engage their Materials Management Department for assistance as required.

Conclusions: Central will monitor as they initiate their team.

Action items:

| N/A |
| N/A |
| N/A |

TRST Feedback

Discussion: The regular ER staff is currently using the eligibility criteria to identify potential clients for the CRRT. Once an individual has been identified, the CHN in the ED is completing the TRST to determine risk and to consider if the individual should have the full assessment for ED discharge with the services of the CRRT.

There was some discussion if the completion of the eligibility criteria outside of the hours of operation for the CRRT could be used to identify demand for service outside the times that CRRT are currently operating. Dawn indicated that the form is not routinely completed when the CRRT nurse in ED is not available so the data would be incomplete.

Conclusions: Staff to continue to collect information using eligibility criteria and TRST.

Action items:

| N/A |
| N/A |
| N/A |
**Update On St. John’s Teams/Personal Care Homes**

Discussion: To date there have been 36 individuals accepted to the CRRT at Eastern Health. Of those, 1/3 has been from PCH and all of those form PCHs have been attributed to falls. Individuals from PCH have access to the professional services and equipment. Home support services are not available to residents of PCHs. Dawn is planning to meet with Cathy Barker-Pinsent who is the manager assigned to PCHs.

Additionally, of the 36 clients, it is noted that about 90% of the clients have been as a result of a fall and that none were planned for admission. Dawn will follow-up with Elizabeth Kennedy as routine referrals to community may not always be completed.

Of the 36 admissions, 5 individuals subsequently were admitted to hospital.

EH notes that a gap with chronic disease management at home is evident. Additionally, there is early suggestion that there may be some demand for a social worker from the CRRT clients.

**Conclusions:** Active teams to provide update on early clients.

**Action items:**

<table>
<thead>
<tr>
<th>Update from Active Teams</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHA reps</td>
<td>Next mtg</td>
<td></td>
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</table>

**Next Meeting**

Discussion:

**Conclusions:** Next scheduled for November 20, 2014 at 2 pm

**Action items:**

<table>
<thead>
<tr>
<th>Send out meeting request</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
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<tbody>
<tr>
<td>Donna Mushrow</td>
<td></td>
<td></td>
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</table>

**Conclusion**

Discussion:

**Conclusions:** Meeting concluded at 4:25 pm

**Action items:**

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<tr>
<th>N/A</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>N/A</td>
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<td>N/A</td>
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</table>
ATTACHMENT

#28
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
ATTACHMENT

#29
Community Rapid Response Teams Provincial Steering Committee

Agenda

Call to Order
Review of June 26, 2014 Minutes
Agenda Additions and Approval
Assessment Forms
Communication/PowerPoint/Brochure
Positions
Home Support RFP
HealthLine Support
Evaluation
“Catchy Names”
NEW ITEM HOLDER
Next Meeting
Conclusion

Additional Information
ATTACHMENT #30
Community Rapid Response Teams
Provincial Steering Committee

June 26, 2014
1:30 PM
Teleconference
1-888-579-9842
Participant Pin: #
Moderate Code: #
Boardroom #1 HCS

Attendance: Karen Milley, Angela Batstone ©, Karen Nolan, Donna Mushrow ©, Tammy Priddle, Traci Foss, Mimie Carroll,
SueAnn Kean

Regrets: Dr. Roger Butler, Dr. Larry Alteen, Teara Freake, Gail Downing

Agenda

Call to Order: Meeting was called to order at 1:36 PM.

Review of June 3, 2014 Minutes

Discussion: No revisions.

Conclusions: Content for the minutes adopted as presented.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
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<tr>
<td>N/A</td>
<td>N/A</td>
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Agenda Additions and Approval

Discussion: Clarification of CTAS for eligibility and suggested names was added to the agenda.

Conclusions: Revised agenda with additions adopted.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
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<tbody>
<tr>
<td>N/A</td>
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Assessment Forms

Discussion:

- Eastern Health Working Group continuing to work on the proposed assessment tool. Dawn Gallant and Denise Cahill have been leading this work in Eastern.

- Thought is that there will be a screening tool (such as the TRST) for use by ED staff and then individuals will be referred to the CRRT Nurse to have the full assessment completed. Once the client is at home, they will have the RAI-HC completed (or the LTCA if the RAI-HC is not yet available) and initiated for long term services as required.

- All RHAs indicate that they have a process in place to ensure that they will have the ability to use the tool once the drafting has been completed.

- It was noted in the discussion that as the initiative is advanced, to consider the monitoring of the lack of access to nutrition services for the CCRT clients as a component of the evaluation.

Conclusions: Eastern Health expecting to have a formatted draft of the assessment available to share in approximately 1 week.

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<tr>
<th>Action items:</th>
<th>Person responsible:</th>
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</thead>
<tbody>
<tr>
<td>Assessment tool revision for finalization</td>
<td>EH Working Group</td>
<td>Mid July</td>
</tr>
</tbody>
</table>
**Communication/PowerPoint/Brochure**

Discussion: CH has provided comments. The WH Working Group has already received and incorporated comments from HCS and EH on the draft PowerPoint. It was noted that the PowerPoint will be a Master template and that each RHA will have to incorporate their intricacies into the presentation. They are working toward finalization so they can begin work on a brochure for clients. The WH group plans to meet again later today.

Conclusions: Finalizing PowerPoint and readying to begin work on brochure.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue Communication work – possible final draft</td>
<td>WH working Group</td>
<td>Mid July</td>
</tr>
</tbody>
</table>

**Positions**

Discussion:  

- EH – Recruitment of OT/PT and CHNI positions continuing. Position descriptions have been submitted for classification.
- Continuing with target for September 2014 launch.

Conclusions: Working toward recruitment to have staff in place and orientated continuing in all regions. Update at next meeting.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing Recruitment</td>
<td>RHAs</td>
<td>Aug 2014</td>
</tr>
</tbody>
</table>

**Geographic Coverage**

Discussion: All have identified the geographic coverage area.

Conclusions: Areas to be covered:

- Eastern Health: All communities in and around the area surrounding St. John’s, Mount Pearl, Conception Bay South to and including Seal Cove with the exception of Bell Island, and the Southern Shore with the exception of the community of Trepassey.
- Central Health: The communities of Badger, Grand Falls–Windsor, Bishop’s Falls, Botwood and Peterview
- Western Health: Corner Brook

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm with regions Prior to inserting into RFP</td>
<td>Donna Mushrow</td>
<td>Jun28/14</td>
</tr>
<tr>
<td>Completed – Remove from Agenda</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
**Home Support RFP**

Discussion: WH will issue the RFP for the responses for all RHAs. The timeframe for the RFP was discussed the agreed suggested timeline is:

Release by July 14 – Close by August 4 – RFP evaluation Committee Week of August 18 with decision completed by August 22.

Tammy highlighted that Paul Wight will be the contact at WH for the RFP.

Conclusions: Western Health will take the lead on the RFP. Draft RFP to WH by July 4, 2014. Donna will complete revision and forward to Angela for review.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP Draft to WH</td>
<td>HCS – Donna/Angela</td>
<td>July 4/14</td>
</tr>
<tr>
<td>Target release for July 2014</td>
<td>Western Health</td>
<td>July 2014</td>
</tr>
</tbody>
</table>

**HealthLine Support**

Discussion: Potential for HealthLine following-up. HCS discussed legal considerations with the Policy and Planning Division who are examining and will provide feedback.

Conclusions: Awaiting feedback for Gerrie Smith in HCS Policy and Planning

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update at next meeting</td>
<td>Donna Mushrow</td>
<td>July 9/14</td>
</tr>
</tbody>
</table>

**Evaluation**

Discussion: Initial work with NLCHI ongoing to draft the evaluation framework.

Conclusions: Evaluation WG to continue with the draft evaluation framework.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with NLCHI and the evaluation WG in draft of the evaluation framework.</td>
<td>Evaluation WG</td>
<td>Sept 2014</td>
</tr>
</tbody>
</table>

**CTAS Eligibility**

Discussion: Clarification regarding the CTAS Score has been requested. Initially the intent was for the CTAS scores 1, 2 and 3 to be included for the eligibility. Through discussion it is recognized that CTAS 1 and 2 would not be eligible due to their high acuity. Eligibility criteria will be revised to include CTAs 3, 4 and 5.

Conclusions: Revised Eligibility (June 26/14):

The individual that is deemed to be eligible for the CRRT pilot will have a CTAS Score of 3, 4 or 5 and one or more of the following attributes:
- Primarily 75 years of age and greater (individuals less than 75 years of age may be considered)
- Multiple medical problems
- Taking multiple medications
- Presented to Emergency Department due to a fall
- Acute delirium that has been stabilized through intervention
- An acute episode of a common diagnosis such as urinary tract infection or congestive heart failure
- Presented at the Emergency Department due to caregiver burnout

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide follow-up to Evaluation WG for clarification</td>
<td>Donna Mushrow</td>
<td>July 1/14</td>
</tr>
</tbody>
</table>
## Catchy Names

Discussion: Names that have been submitted were shared with the group. Still open for other suggestions.

Conclusions: Donna will provide via electronic copy. Discuss at next meeting with goal for decision.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Electronic copy to group</td>
<td>Donna Mushrow</td>
<td>July 1/14</td>
</tr>
</tbody>
</table>

## Next Meeting

Discussion:

Conclusions: July 9, 2014 - 3:00-4:00 PM

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Send out meeting request</td>
<td>Donna Mushrow</td>
<td>July 1/14</td>
</tr>
</tbody>
</table>

## Conclusion

Discussion:

Conclusions: Meeting adjourned at 2:30 PM

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</table>

### Additional Information

KIV: Still looking for a “catchy name” for the initiative. Ideas can be forwarded to Donna Mushrow.
ATTACHMENT #31
### Suggested Names

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>G-CARE</td>
<td>Geriatric Community Assessment and Response in Emergency</td>
</tr>
<tr>
<td>CARE</td>
<td>Community Assessment and Response in Emergency</td>
</tr>
<tr>
<td>CORRIE</td>
<td>COmmunity Rapid Response in Emergency</td>
</tr>
<tr>
<td>eCHEC</td>
<td>Emergency Community Health Enhanced Care</td>
</tr>
<tr>
<td>CHEC</td>
<td>Community Health Enhanced Care</td>
</tr>
<tr>
<td>PHT</td>
<td>Priority Home Team</td>
</tr>
<tr>
<td>HIB</td>
<td>Home is Best</td>
</tr>
<tr>
<td>PATCH</td>
<td>Priority Assessment To Care at Home</td>
</tr>
<tr>
<td>THAT</td>
<td>Transition to Home Action Team</td>
</tr>
<tr>
<td>GRT</td>
<td>Geriatric Response Team</td>
</tr>
<tr>
<td>CARRT</td>
<td>Community Assessment and Rapid Response Team</td>
</tr>
</tbody>
</table>
ATTACHMENT

#32
Community Rapid Response Teams
Provincial Steering Committee

5/16/2014
1:34 PM
Teleconference
1-888-579-9842
Participant Pin: #
Moderate Code: #
Boardroom #1 HCS

Attendance: Dawn Gallant (for Karen Milley), Angela Batstone©, Gail Downing, Teara Freake, Karen Nolan, Donna Mushrow ®
Regrets: Tammy Priddle, Dr. Roger Butler, Karen Milley, Dr. Larry Alteen

Agenda

Call to Order
Meeting was called to order at 1:40.

Review of April 17, 2014 Minutes
Discussion: Revision to previous minutes:
Trails to trials in the agenda item “positions” – Accepted revision: indicated that the summer would provide an opportunity for medical staff to begin some trials on the tools.
Section on Terms of Reference should read Emergency Department, not Room. This was correctly changed in the Terms of Reference that were circulated.
Conclusions: Minutes from the previous meeting were adopted with the above noted revisions.
Action items: Person responsible: Deadline:
N/A N/A N/A

Agenda Additions and Approval
Conclusions: Agenda as proposed with additions accepted.
Action items: Person responsible: Deadline:
N/A N/A N/A

Eligibility Criteria
Discussion: Proposed revision of: Acute delirium that has been stabilized through intervention accepted.
Conclusions: Eligibility criteria finalized.
Action items: Person responsible: Deadline:
N/A N/A N/A
Assessment Forms

Discussion: Eastern Health Working Group met last week.

- Working on Draft #3 of the proposed assessment tool. Considering some wording changes as some of the original document was from New Zealand and the wording reflective of that culture. Other secondary tools may be required to support this proposed assessment tool.
- Also looking at the St. Joseph’s triage tool. Dawn Gallant requested copy of the triage tool from LeGrow Health Center that is very similar to the St. Joseph’s tool.
- Once the tool is near finalization, administrative support will assist with the formatting.

Conclusions: Eastern Health continuing to work toward finalizing tool content.

| Action items: Assessment tool revision for finalization | Person responsible: EH Working Group | Deadline: Mid July |
| Form(s) approval within each RHA per internal processes | Individual working Groups | Ongoing |

Communication/PowerPoint/Brochure

Discussion: The Western Health Working Group is continuing to solicit feedback on the draft that they provided for comment. They are looking for comments ASAP so they can begin work on a brochure for clients.

Conclusions:

| Action items: Comments to WH on PowerPoint (Donna will send reminder) | Person responsible: All Members except Western | Deadline: Prior to next meeting |

Continue Communication work | WH working Group | Mid July |

Positions

Discussion:

- Angela indicated that the target date for the start of this program is September 2014.
- NP positions can be recruited 1 month prior to start date to allow for opportunity for geriatric upskilling.
- WH is having difficulty in recruitment of PT services thus exploring contract services for this component of the team.
- EH – allied health position postings closing today
  - CHN IIs and clerical hired
  - NPs interviewed and waiting for offer to be made
  - CHN IIs in recruitment process – about 100 applicants
  - Planning toward September launch

Conclusions: Recruitment to have staff in place continuing in all regions

| Action items: Ongoing Recruitment | Person responsible: RHAs | Deadline: Aug 2014 |
### Geographic Coverage

**Discussion:** Western Health identified its coverage area as Corner Brook proper.

**Conclusions:** WH and EH have identified geographic coverage areas.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Health to identify coverage area.</td>
<td>CH Working Group</td>
<td>Jun 2/14</td>
</tr>
</tbody>
</table>

### Home Support RFP

**Discussion:** Clarification of regions to be serviced required for the RFP.

**Conclusions:** Decision on who will release the RFP will be confirmed at the next meeting for mid-June release.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Forward RFP Comments to Donna</td>
<td>Membership</td>
<td>May 30/14</td>
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</table>

### HealthLine Support

**Discussion:** Department lead for HealthLine following-up on the potential roles and mechanisms to facilitate.

**Conclusions:** Continuing to work on potential roles.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Update at next meeting</td>
<td>Donna Mushrow</td>
<td>May 30/14</td>
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</tbody>
</table>

### Evaluation

**Discussion:** initial work with NLCHI ongoing to draft the evaluation framework.

**Conclusions:** First meeting of the Evaluation Working Group will be on June 5, 2014.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donna Mushrow to continue to work with NLCHI in draft of the initial framework.</td>
<td>Donna Mushrow</td>
<td>June 4/14</td>
</tr>
</tbody>
</table>

### Timeframe On Professional Services Provision

**Discussion:** Update on discussion that was held with Dr. Alteen to clarify that the intent for 7 days is for the Home Support component and that professional services may go beyond that as required.

**Conclusions:** Dr. Alteen will communicate with NLMA. Pleased that this has been clarified.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>NLMA Follow-up</td>
<td>Dr. Alteen</td>
<td>May 30/14</td>
</tr>
</tbody>
</table>

### Presentation at ER Conference

**Discussion:** HCS has received a request to present on the Rapid Response Teams at the upcoming ER Conference June 9-10. Discussed with group the feasibility of this opportunity to “plant seed” about this initiative that will be launched in the fall.

**Conclusions:** Group agreeable to this opportunity

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Follow-up with contact</td>
<td>Donna Mushrow</td>
<td>May 21/14</td>
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</table>
Next Meeting

<table>
<thead>
<tr>
<th>Discussion:</th>
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</thead>
<tbody>
<tr>
<td>Conclusions: June 3, 2014 – 10:30-noon</td>
</tr>
<tr>
<td>Action items:</td>
</tr>
<tr>
<td>Send out meeting request</td>
</tr>
</tbody>
</table>

Conclusion

<table>
<thead>
<tr>
<th>Discussion:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusions: meeting adjourned at 2:30</td>
</tr>
<tr>
<td>Action items:</td>
</tr>
<tr>
<td>N/A</td>
</tr>
</tbody>
</table>

Additional Information
Community Rapid Response Teams
Provincial Steering Committee

Agenda

Call to Order
Review of June3, 2014 Minutes
Agenda Additions and Approval
Eligibility Criteria
Assessment Forms
Communication/PowrPoint/Brochure
Positions
Geographic Coverage
Home Support RFP
HealthLine Support
Evaluation
Professional Services NLMA
ER conference
NEW ITEM HOLDER
NEW ITEM HOLDER
Next Meeting
Conclusion

Additional Information
Community Rapid Response Teams
Provincial Steering Committee

Agenda

Call to Order
Welcome
Review of April 17, 2014 Minutes
Agenda Additions and Approval
Eligibility Criteria
Assessment Forms
Communication/Presentation/Brochure
Positions
Geographic Coverage
Home Support RFP
HealthLine Support
Evaluation
NEW ITEM HOLDER
NEW ITEM HOLDER
Next Meeting
Conclusion

Additional Information
ATTACHMENT #35
Community Rapid Response Teams Provincial Steering Committee

4/17/2014
1:00 PM
Teleconference
1-888-579-9842
Participant Pin: [Redacted]
Moderate Code: [Redacted]
Boardroom #1 HCS

Attendance: Angela Batstone ©, Karen Milley, Mimie Carroll, Karen Nolan, Donna Mushrow ®, Dr. Roger Butler, Teara Freake, Traci Foss
Regrets: Dr. Larry Alteen, Gail Downing, Tammy Priddle

Agenda

Call to Order
Meeting was called to order at 1:05.

Review of March 12 Minutes
Discussion: Minutes from the previous meeting were adopted as presented.

Conclusions:
Action items: N/A

Agenda additions and Approval
Discussion: In the absence of a prepared agenda, the agenda format from previous meeting was proposed and accepted.

Conclusions:
Action items: Not applicable

Terms of Reference
Discussion: Further revision for the RHA working Group Terms of Reference to change wording for the membership from Emergency Department Program to Emergency Room and add Physician to the representation.

Conclusions: With these changes, both the Terms of Reference for the Steering Committee and RHA Working Groups adopted.
Action items:
Provide copies of adopted Terms of Reference.

Person responsible: Donna Mushrow
Deadline: May 15/14
### Eligibility Criteria

**Discussion:** Clarification: While the eligible population for the initiative is for those 65+, those in the 75+ age criteria will be the primarily the initial target. This will be monitored with the implementation of the Teams. 

**Conclusions:** Revise delirium in eligibility criteria.

**Action items:**
- Provide revised criteria to steering committee.
- Person responsible: Donna Mushrow
- Deadline: May 15/14

### RHA Working Groups

#### Referral to CCRT

**Discussion:** Each RHA Working Group have looked at the referral forms and processes within their organization and have determined that the current forms and process will work for the implementation of this initiative.

**Conclusions:** Maintain forms and processes in RHAs.

**Action items:**
- Person responsible: N/A
- Deadline: N/A

#### Assessment/Referral Forms

**Discussion:** Western and Central Health have provided feedback to Eastern Health on the initial draft template of a proposed assessment. Denise Cahill has been doing the lead work with the assessment and is working on incorporation of the feedback.

**Conclusions:** Draft #2 being worked on.

**Action items:**
- Update on draft assessment.
- Person responsible: Eastern Working Group
- Deadline: Update at May 16/14 meeting

#### Communication/PPT/Brochure

**Discussion:** Western Health provided a draft presentation and communication plan for comments from the membership prior to the next meeting.

**Conclusions:** Comments to Western Health via Tammy Priddle or Teara Freake in 2 weeks.

**Action items:**
- Review and Comments to Western Health
- Person responsible: All Membership except Western Health
- Deadline: May 3/14
- Western Working Group
- Update at May 16/14 meeting

- All Membership
- Update at next meeting

- Keep thinking about a “name” for the initiative
**Positions**

Discussion: Drafts for the position descriptions and postings have been completed. There are differences regionally, total consistency is not possible however there will be consistency with key duties where possible. For further discussion amongst RHAs outside this forum.

Central:
- Have posted positions.
- The temporary status of the OT and PT position is posing a significant challenges and Central is exploring possibility of combining with other part-time positions for the period of temporary funding in the pilot.
- NP has been offered and is coming from outside the region. May lose the opportunity for this person if not able to hire soon. Wondering if they can bring onboard to assist with the a role on advancing the team in central and add the person for the evaluation component.

Eastern:
- CHNII positions have been offered.
- NP, CHN, and OT/PT positions posted
- Concern that would not be able to release staff for start until September.
- Dr. Butler indicated that the summer would provide an opportunity for medical staff to begin some trails on the tools.
- Thinking that a realistic start date for the initiative is September 2014.

Western:
- Positions not yet posted

Comment that Denise Cahill may be a good link for provincial up-skilling of NPs with geriatrics.

Conclusions: Regions to forward the position descriptions through their HR Departments and onto Treasury Board/Classifications as per routine process. Once they have been submitted, notify HCS who will contact Classifications to request for expedited classification. Group agreed that September 2014 was a realistic start date.

**Action items:**
- RHAs to submit position descriptions to their Human Resource Departments as per usual process.
- Angela Batstone to follow-up regarding possibility of early start date for the NP as per Central Health request.
- Staffing update

<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RHA representatives</strong></td>
<td>Update at May 16/14 meeting</td>
</tr>
<tr>
<td><strong>Angela Batstone</strong></td>
<td>Update at May 16/14 meeting</td>
</tr>
<tr>
<td><strong>RHA representatives</strong></td>
<td>Update at May 16/14 meeting</td>
</tr>
</tbody>
</table>
### Geographic Coverage

**Discussion:** RHA Working Groups to define within their region.

Conclusions: Eastern Health has indicated that the coverage area for their teams will be all areas covered by “urban” with the exception of Bell Island and Trepassey - includes boundary to Seal Cove in Conception Bay South.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Update at next meeting.</td>
<td>Working Groups</td>
<td>Update at May 16/14 meeting</td>
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</table>

### CCRT Home Support/RFP

**Discussion:** RFP is being reviewed in the regions.

Conclusions: For discussion at next meeting after review has been completed.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>RHAs to discuss possible lead RHA for provincial RFP release and report back at next meeting.</td>
<td>Membership from RHAs</td>
<td>Update at May 16/14 meeting</td>
</tr>
</tbody>
</table>

### Health Line Support

**Discussion:** It is reported that the HealthLine will be able to provide support for this initiative. Need to have some further conversations about information that can be shared and how that can be facilitated.

Conclusions: Further discussion required with HCS lead for HealthLine, including information to be collected.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Ongoing discussion. Update to be provided.</td>
<td>Donna Mushrow</td>
<td>Update at May 16/14 meeting</td>
</tr>
</tbody>
</table>

### Evaluation

**Discussion:** NLCHI to continue to work with the Department in setting up the initial evaluation plan and send the draft to HCS for further comments and incorporate those before the Evaluation Working Group is formally brought together.

Conclusions: Dr. Kris Aubrey from MUN has been identified through Dr. Butler. Liz Kennedy has been identified by Eastern Health and Darlene Welsh for Western Health. Tonya Ryan has been submitted as the representative for Central Health.

<table>
<thead>
<tr>
<th>Action items:</th>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>Donna Mushrow will provide an update at the next meeting.</td>
<td>Donna Mushrow</td>
<td>Update at May 16/14 meeting</td>
</tr>
</tbody>
</table>
**Conclusion**

Discussion: Meeting adjourned at 2:05.

Conclusions: Doodle request will be sent for availability for next meeting.

| Action items: Doodle Request | Person responsible: Donna Mushrow | Deadline: Following this meeting |

---

**Additional Information/Attachments**

- Terms of Reference – Provincial Steering Committee
- Terms of Reference – RHA Working Groups
- Eligibility Criteria
ATTACHMENT #36
Target Population (Revision in Bold)

- Multiple medical problems
- Taking multiple medications
- Presented due to a fall
- Acute delirium that has been stabilized through intervention
- Common diagnosis include UTI or CHF
- CTAS score of 3 or higher
- Presents due to caregiver burnout
ATTACHMENT #37
Provincial Community Rapid Response Team
Project Steering Committee

TERMS OF REFERENCE

Background
The Community Rapid Response Teams (CRRT) are a pilot of a strengthened and structured partnership between home & community services and the emergency departments (ED) at four sites in the province; Health Science Center, St. Clare's Mercy Hospital, Central Newfoundland Regional Health Center and Western Memorial Hospital.

Studies show that hospitalized older individuals with multiple medical problems are at risk of decreasing function. The maintenance of functional ability with activities of daily living such as bathing, dressing, feeding and mobility are critical to the ability of seniors to remain in their own home and community. The CRRT will provide enhanced support to individuals to assist appropriate individuals in returning home upon presentation to the ED, thus avoiding hospitalization where possible.

The placement of a community health nurse, with extensive knowledge and understanding of community services and programs, in these EDs will facilitate the discharge of clients that may have been previously admitted to return home to recover. Additionally, the presence of this resource may potentially encourage ED staff to send routine referrals, as appropriate, to community that will support individuals in their recovery and reduce repeated presentation at these ED.

The consultation that was completed for Close to Home: A Strategy for Long Term Care and Community Support Services indicated that seniors want to remain in their home and communities, and there is evidence to suggest that providing care at home is a cost-effective alternative to acute and long term care. Supporting individuals to recuperate at home has the opportunity to deliver better client outcomes, quality of life and effective health service delivery.

Purpose
The Steering Committee will ensure a collaborative approach to the implementation of four CRRT in the province; Eastern Health (2), Central Health (1) Western Health (1). It is the intent of the CRRT to improve services for clients to effectively and efficiently contribute to the Department of Health and Community Services (DHCS) strategic plan Close to Home: A Strategy for Long Term Care and Community Support Services (2012).

This committee is responsible for setting provincial direction and policy related to the implementation the four teams included in this project.
Reporting Structure
The Committee, through the Chair, is accountable to the Assistant Deputy Minister of Regional Services and will provide reports as necessary. Further, pertinent information may be shared with the Vice Presidents responsible for the delivery of Community Support Services in the Regional Health Authorities (RHA).

Functions
1. Oversee the development of a provincial implementation plan, including the approval of standardized processes and tools to be utilized in the administration of the project, plans for communication, and education and change management.
2. Monitor implementation progress with specific focus on schedule, quality of care and risk management.
3. Provide a forum for decision-making and issue resolution when a matter cannot be resolved at the RHA working group level.
4. Set provincial direction for data collection, reporting and participation in the evaluation of this initiative.
5. Act in an advisory capacity to the DHCS in matters pertaining to the CRRTs initiative.

Membership
The membership shall be comprised of the following representation:
- RHA Family Physician (1; one identified from Eastern Health)
- RHA Emergency Department Program (3; one from each RHA involved)
- RHA Community Supports Program (3; one from each RHA involved)
- DHCS Director, Physician Services
- DHCS Director, Long Term Care-Community Support Services
- DHCS Policy Consultant, Long Term Care-Community Support Services
- DHCS Board Services Consultant

Others may be invited to participate as guests.

Organizational representatives should have the ability to make or facilitate management level decisions within their organizations as well as share minutes and materials with appropriate persons.

Quorum
The quorum is 50 % of membership with representation from both the Regional Health Authorities and the Department of Health and Community Services.

Chair Person
The Director of Long Term Care and Community Support Services will set and chair the meetings.
**Recording Secretary**
The recording secretary will rotate between the DHCS and RHA and will provide for recording and distributing meeting minutes. Minutes are to be distributed to all committee members within one week prior to the next meeting.

**Meeting Frequency**
Monthly meetings will be held, either in person or via conference call. The committee will commence on February 27, 2014. The committee will dissolve once any recommendations resulting from the evaluation have been completed.

**Review**
The Terms of Reference will be reviewed in one year.

**Approved April 2014**
ATTACHMENT

#38
Provincial Community Rapid Response Team
Regional Health Authority Working Group

TERMS OF REFERENCE

Purpose
The RHA Working Group will provide clinical leadership to facilitate the successful planning and implementation of the Community Rapid Response Teams (CRRTs) initiative in the Regional Health Authorities. The CCRT will improve services for clients to effectively and efficiently contribute to the Department of Health and Community Services (DHCS) strategic plan Close to Home: A Strategy for Long Term Care and Community Support Services (2012).

Reporting Structure
This group will report to the Provincial CRRTs Project Steering Committee.

Functions
1. Establish a regional implementation plan, including the development of standardized policies, processes and tools to be utilized in the administration of the project.
2. Identify standards of practice including clinical efficiency targets as they relate to implementation of the CRRTs, and address these in consultation with the key stakeholders.
3. Develop an education plan for clinicians that will be involved in the CRRT initiative.
4. Develop a communication plan for the implementation of the CRRTs.
5. Develop a change management plan to ensure the successful implementation of the CRRTs.
6. Contribute to ongoing monitoring, data collection of data and information to inform the evaluation of the CCRT.

Membership
The membership shall be comprised of representation from the following areas:
- Community Support Program
- Emergency Department
- Physician
- Others as deemed necessary within the RHA.

Guests may be invited to attend the meetings.

Members should have the ability to make or facilitate management level decisions within their organizations as well as share minutes with the appropriate persons.
Quorum
The quorum is 50% of the membership with representation from both the Community Support Program and the Emergency Department Program. For decision making, each member will be eligible for one vote.

In the event of a tie vote that is unable to be resolved within the RHA; the issue will be advanced to the Provincial Project Steering Committee for suggestions. If following discussion of the Provincial Project Steering Committee suggestions there remains an impasse; a DHCS representative will provide instruction for decision.

Chair Person
A representative of the RHA Community Support Program will chair the meetings.

Recording Secretary
Recording responsibilities will rotate amongst the members and will provide for recording and distributing minutes. Minutes are to be distributed to all committee members within one week prior to the next meeting.

Meeting Frequency
Meetings will be held on a twice monthly basis or at the call of the chair. Meetings will be arranged via teleconference or webinars if required.

Review
The Terms of Reference will be reviewed annually.

Approved April 2014
ATTACHMENT

#39
Home First
(Name to be determined)
Draft #1

This is a presentation on Home First Program and has been removed as non-responsive.
Attachment #40
COMMUNICATION PLAN:
Home First? Name to be determined

Situational Analysis:

Home First is a pilot program in partnership between the Department of Health and Community Services Home Community Support program and RHA’s. The Home First program will be based out of emergency departments at four sites in Newfoundland and Labrador: Health Science Centre and St. Claire’s Mercy Hospital, (St. John’s) Central Newfoundland Regional Health Centre (Grand Falls-Windsor) and Western Memorial Regional Hospital (Corner Brook).

Studies show that hospitalized older individuals are at risk of decreasing function. The maintenance of functional ability with activities of daily living such as bathing, dressing, feeding and mobility are critical to the ability of seniors to remain in their own home and community.

Seniors, who comprise 25% of all ER visits, often arrive presenting multiple risk factors. They tend to have several health issues with multiple medications, mobility issues and cognitive impairment can complicate treatment. Discharge with no readily available caregiver or support system can lead to early re-admission. Of all seniors discharged, 44% will return within six months and their average length of stay is twice that of any other age group.

The goal of the Rapid Response Team/Home First program is to deliver targeted geriatric assessments and support to seniors 75 years and older order to avoid and reduce admissions to acute care and repeated ED visits. Home First will provide enhanced support to individuals to assist seniors 65 and older in returning home after presenting to the ED, thereby avoiding admission, when possible. The Home First team will assess clients for eligibility for the program. The program will have:

- two full time community health nurses,
- one full time nurse practitioner
- one half time physiotherapist
- one half time occupational therapist
- one full time administrative support staff.

Physicians in the ED will be responsible for the medical assessment of potentials clients. The nurse practitioner will also play a role. A community health nurse will be responsible for the assessment of clients to determine their service needs and to provide a plan of care to enable the client to transition home. The community health nurse will also provide services for these clients in the community setting.

The nurse practitioner will visit clients in their home. Family physicians will also provide visits to the client in their home, where possible. The nurse practitioner will provide support to clients to minimize the additional workload for family physicians. The role of the family physician is integral to the success of the program as they will work in consultation with the nurse practitioner.... (Need More Here)
Occupational and physical therapy resources will enable independence and physical mobility capacity for clients. The administrative support position will provide support for the clinical team, collect data for evaluation, communicate with the client’s family physician and be the contact to other resources, such as home support agencies.

Aims and Objectives:

- To ensure all ER physicians, nurse and staff are aware of the Home First Program, the goals and objectives of the program, their role, and who is a suitable client.

- To ensure ER doctors and nurses understand the goal of the Home First program is to enable clients to receive care in their own home and community for longer and avoid unnecessary admission to hospital.

- To ensure clients understand the purpose of the Home First program is for them to maintain independence at home, as well as the role of the team and available support in the program.

Internal Stakeholders:

Patient Services:

- ED Nurses
- All Emergency Department Staff
- Admission Discharge Manager
- Site Clinical Manager
- Ward Clerks, ED
- Paramedics
- Social Workers
- Leadership

Medical Services:

- Family Physicians
- ED Doctors
- Hospitalists
- Internal Medicine

Community Support

Will list individuals

Communication Strategies:

INTERNAL

- PowerPoint Presentation
• Staff meetings
• ED Doctor to act as a physician champion and a liaison for doctors
• Home First team presentations, education, interdisciplinary rounds
• Medical Rounds: presentation for physicians
• Fact Sheet
• Poster
• Presentation at June Leadership Meeting
• Newsletter article

EXTERNAL (For Clients and Families):

• Brochure
• Information about the program on Western Health website

Key Messages:
Home First will coordinate timely enhanced services to seniors who present to the ER, WMRH and are medically stable and do not require admittance to acute care.

The Home First program will provide home care for a short term (30 days) which will help them maintain function with daily activities in their home.

The Home First program is modeled after other successful programs to support admission management and will have a positive impact on emergency and acute care inpatient bed utilization as clients are provided with effective care in their own home.

The target population for Home First is clients who present to the ED 75 years of age and older who have one of more of the following characteristics:

• Multiple medical problems
• Taking multiple medications
• Presented due to a fall or are at risk of falling
• Acute delirium
• Diagnosis including UTI, CHF, COPD
• CTAS score of 1, 2 or 3
• Presents due to caregiver burnout
• Inability to cope
• Lack of informal/formal supports

In order to reduce travel time of staff the geographical boundary of Home First is: (TBD)

Budget:
To be determined based on communications strategies.
Evaluation:
The plan will be evaluated based on the uptake and acceptance of the Home First program as it is implemented and changes made where necessary throughout the process.
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atippoffice@gov.nl.ca.
Attachment

#42
ATTACHMENT

#43
Potential copyright material

If you wish to obtain a copy please contact the ATIPP Office at (709) 729-7072 or atipoffice@gov.nl.ca.
Attachment

#44
<table>
<thead>
<tr>
<th>Resource</th>
<th>Telephone</th>
<th>Fax/E-mail</th>
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<td><strong>Resource</strong></td>
<td><strong>Telephone</strong></td>
<td><strong>Fax/E-mail</strong></td>
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<tr>
<td><em>Referral form/Application included</em>*</td>
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<tr>
<td><strong>Information included (i.e., business cards, pamphlets, handouts)</strong></td>
<td></td>
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</tr>
<tr>
<td>Advanced Education and Skills (Formerly HRLE)</td>
<td>(866) 417-4753</td>
<td></td>
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<tr>
<td>Alzheimer Society of NL</td>
<td>(709) 576-0608</td>
<td>Website:</td>
</tr>
<tr>
<td></td>
<td>(877) 776-0608</td>
<td><a href="http://www.alzheimer-society-of-nl">http://www.alzheimer-society-of-nl</a></td>
</tr>
<tr>
<td>*Audiology (Visiting Clinic)</td>
<td>(709) 695-4568</td>
<td>(709) 695-2845</td>
</tr>
<tr>
<td>1. Lisa Payne</td>
<td></td>
<td><a href="mailto:lisapayne@westernhealth.nl.ca">lisapayne@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td><strong>Behaviour Management Specialist</strong></td>
<td>(709) 695-2845</td>
<td>(709) 695-2845</td>
</tr>
<tr>
<td>1. Melanie Parsons</td>
<td></td>
<td><a href="mailto:melanieparsons@westernhealth.nl.ca">melanieparsons@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td><strong>Canadian Hard of Hearing Association NL</strong></td>
<td>(709) 753-3224</td>
<td>Website:</td>
</tr>
<tr>
<td>(Hearing Loss Info)</td>
<td>(709) 753-3224</td>
<td><a href="http://www.chha-nl.ca/">http://www.chha-nl.ca/</a></td>
</tr>
<tr>
<td><strong>Canadian Red Cross</strong></td>
<td>(709) 634-4626</td>
<td>(709) 634-1370</td>
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<tr>
<td>Caregiver Line (info and support for unpaid caregivers)</td>
<td>(888) 571-2273</td>
<td></td>
</tr>
<tr>
<td><strong>College of the North Atlantic (Possible option for loans of equipment)</strong></td>
<td>(709) 695-3343</td>
<td>(709) 695-2963</td>
</tr>
<tr>
<td><strong>Community Support Coordinator (Home Support Approval/Questions)</strong></td>
<td>(709) 695-2411</td>
<td><a href="mailto:tinacarter@westernhealth.nl.ca">tinacarter@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td>1. Tina Carter</td>
<td></td>
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<tr>
<td><strong>Community Support Social Workers (Neglected Adults Concerns)</strong></td>
<td>(709) 695-2845</td>
<td>(709) 695-2845</td>
</tr>
<tr>
<td>1. Kayla Purchase</td>
<td></td>
<td><a href="mailto:kaylahayman@westernhealth.nl.ca">kaylahayman@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td>2. Nicole Keeping</td>
<td></td>
<td><a href="mailto:nicollekeeping@westernhealth.nl.ca">nicollekeeping@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td><strong>Community Wound Care Specialist</strong></td>
<td>(709) 634-5551 ext 228</td>
<td></td>
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<tr>
<td>1. Sherry McCarthy</td>
<td></td>
<td><a href="mailto:sherrymccarthy@westernhealth.nl.ca">sherrymccarthy@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td><strong>Continuing Care Nurse – Codroy Valley</strong></td>
<td>(709) 955-2485</td>
<td>(709) 955-3075</td>
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<tr>
<td>1. Roxanne Gillam</td>
<td></td>
<td><a href="mailto:roxannegillam@westernhealth.nl.ca">roxannegillam@westernhealth.nl.ca</a></td>
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<tr>
<td><strong>Continuing Care Nurses – PAB</strong></td>
<td>(709) 695-4624</td>
<td>(709) 695-2845</td>
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<tr>
<td>1. Jamie Kendall</td>
<td></td>
<td><a href="mailto:jamiekendall@westernhealth.nl.ca">jamiekendall@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td>2. Kathy Sheaves</td>
<td>(709) 695-4543</td>
<td><a href="mailto:kathysheaves@westernhealth.nl.ca">kathysheaves@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td>3. Kelly Hatcher</td>
<td>(709) 695-4621</td>
<td><a href="mailto:kellyhatcher@westernhealth.nl.ca">kellyhatcher@westernhealth.nl.ca</a></td>
</tr>
<tr>
<td>Crime Stopper’s</td>
<td>(800) 222-8477</td>
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<tr>
<td>*Diabetes Education</td>
<td>(709) 695-3034</td>
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</tr>
<tr>
<td>1. Marcheta Warren</td>
<td><a href="mailto:marchetawarren@westernhealth.nl.ca">marchetawarren@westernhealth.nl.ca</a></td>
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<tr>
<td>*Dietitian</td>
<td>(709) 695-4519</td>
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<tr>
<td>1. Patty Slaney</td>
<td><a href="mailto:patricia_slaney@westernhealth.nl.ca">patricia_slaney@westernhealth.nl.ca</a></td>
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<tr>
<td>Doctor’s Offices</td>
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<tr>
<td>1. Dr. Thomas</td>
<td>(709) 695-6295</td>
<td></td>
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<tr>
<td>2. Dr. Graham</td>
<td>(709) 695-7775</td>
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<tr>
<td>3. Dr. Mosawe</td>
<td>(709) 695-7303</td>
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<tr>
<td>4. Dr. Blecher</td>
<td>(709) 695-4556</td>
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<tr>
<td>5. Dr. Al Nabbott</td>
<td>(709) 695-4557</td>
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<td>6. Dr. Husni</td>
<td>(709) 695-3303</td>
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<tr>
<td>Fire Department</td>
<td>(709) 695-2323</td>
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<tr>
<td>Gateway Women’s Centre</td>
<td>(709) 695-7505</td>
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<tr>
<td>*/**Home Heating Rebate Program</td>
<td>(855) 223-7432</td>
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<tr>
<td>Medical Supplies/Equipment:</td>
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<tr>
<td>1. Lawton’s</td>
<td>(800) 563-1145</td>
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<tr>
<td>2. Ben’s Pharmacy</td>
<td>(709) 643-2012</td>
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<td>3. Skinner’s Pharmacy</td>
<td>(709) 646-2841</td>
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<td>*Medical Transportation Assistance Program (MTAP)</td>
<td>(877) 475-2412</td>
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<tr>
<td>Mental Health and Addictions</td>
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<tr>
<td>1. Danielle Walters</td>
<td>(709) 695-4549</td>
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<td>2. Yvonne Lane</td>
<td>(709) 695-4560</td>
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<td>3. Christa Simms</td>
<td>(709) 695-6279</td>
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<td>4. Crisis Line</td>
<td>(888) 737-4668</td>
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<td>MHA’s</td>
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<tr>
<td>1. Andrew Parsons</td>
<td>(709) 695-3585</td>
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<td>2. Hon. Joan Shea</td>
<td>(866) 838-5620</td>
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<td>Ministerial Clergy</td>
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<tr>
<td>1. Roman Catholic</td>
<td>(709) 955-2250 (Parish)</td>
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<tr>
<td>2. United Rev.</td>
<td>(709) 695-3434 (Office)</td>
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<td>3. Salvation Army</td>
<td>(709) 695-5803 (Office)</td>
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*Website: [http://www.fin.gov.nl.ca/fin/tax_programs_incentives/home_heating_benefit.html](http://www.fin.gov.nl.ca/fin/tax_programs_incentives/home_heating_benefit.html)
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<th><strong>4. Anglican Church</strong></th>
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<tr>
<td><strong>a) Rose Blance -</strong></td>
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<td><strong>b) PAB - Rev.</strong></td>
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<td><strong>c) IAM -</strong></td>
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<tr>
<th><strong>5. Pentecostal - Pastor Jamie Warren</strong></th>
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<tr>
<td><strong>(709) 695-2309 (Office)</strong></td>
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<tr>
<td><strong>(709) 695-3142 (Home)</strong></td>
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<tr>
<th><strong>National Blueprint for Injury Prevention in Older Drivers</strong></th>
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<td><strong>Newfoundland and Labrador Housing</strong></td>
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<tr>
<td>1. <strong>Provincial Home Repair Program (PHRP)</strong></td>
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<td>2. <strong>Home Modification Program (HMP)</strong></td>
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<td>3. <strong>Residential Energy Efficiency Program (REEP)</strong></td>
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<tr>
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<tr>
<td>1. April House</td>
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<tr>
<td><strong>Outreach Program</strong></td>
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<td>1. Shelley Nichols</td>
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<td>1. Shopper's Drug Mart</td>
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<td>2. The Medicine Shop</td>
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<td>3. Valley Pharmacy</td>
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<tr>
<td>1. Catherine Connolly</td>
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<td><a href="mailto:lidpsinfo@gov.nl.ca">lidpsinfo@gov.nl.ca</a></td>
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<td><strong><a href="mailto:aprilhouse@westernhealth.nl.ca">aprilhouse@westernhealth.nl.ca</a></strong></td>
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<tr>
<td><a href="mailto:shelley-nichols@westernhealth.nl.ca">shelley-nichols@westernhealth.nl.ca</a></td>
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<tr>
<td>(800) 387-8120 ext. 7057</td>
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<tr>
<td><strong>Website:</strong></td>
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<td><strong><a href="http://www.lifeline.ca">www.lifeline.ca</a></strong></td>
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<td><strong><a href="http://www.lifeline.ca">www.lifeline.ca</a></strong></td>
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<tr>
<td><a href="mailto:catherine.connolly@philips.com">catherine.connolly@philips.com</a></td>
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<td>Service</td>
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<tr>
<td>Physiotherapy</td>
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<tr>
<td>RCMP</td>
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<tr>
<td>Regional Nursing Coordinator (Home IV, Palliative and End of Life Care)</td>
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<td>Regional Wound &amp; Skin Care Specialist</td>
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<td>Revenue Canada</td>
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<td>Salvation Army Community Food Bank</td>
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<td>Seniors Resource Centre (Senior’s Information Line answered by Seniors)</td>
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<td>Service Canada (CPP &amp; OAS)</td>
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<td>Sexual Assault Crisis Line</td>
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<td>*Speech Language Pathology</td>
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<tr>
<td>**Tender Loving Care Home Care Agency</td>
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<td>Veteran’s Affairs Canada (DVA)</td>
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<td>VON Corner Brook District</td>
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<tr>
<td>Western Health’s contact for Elder Abuse concerns</td>
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<tr>
<td>**Western Health’s Seniors Affordable Housing</td>
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Revised: June 5, 2013
Attachment

#45

This is a DRAFT Communications Plan on the Healthy Aging Clinic and has been removed as non-responsive.
ATTACHMENT #46

This is a public brochure for the Healthy Aging Clinic and has been removed as non-responsive.
ATTACHMENT

#47
Instructions: Please make a ☑ in the appropriate box to indicate presence or suspicion of any of the following:

* Please complete for all clients 75+ years presenting to the emergency department during the triage assessment (maximum score is 6).

- History of cognitive impairment (poor recall or not oriented).
- Difficulty walking/transferring or recent falls.
- Five or more medications.
- ED use in previous 30 days or hospitalization in previous 90 days.
- Lives alone and/or no available caregiver.
- ED staff professional recommendations: (only counts as one factor)
  - Nutrition/weight loss
  - Failure to cope
  - Sensory deficits
  - Other

If 2 or more factors identified: ☑ Referral to Healthy Aging Clinic*

☐ Referral not indicated

RN Signature: ____________________ Date/Time: ____________________

Comments: __________________________________________________________

*Referral: send a copy of this form to Donna Parsons NP. Please complete the contact information and telephone number. Place the original on the Health Record.
Attachment #48
Community Rapid Response Teams
Provincial Steering Committee

Agenda

1. Call to Order
2. Welcome
3. Review of Mar 12/14 meeting notes
4. Agenda additions and Approval
5. Terms of Reference
6. Eligibility Criteria
7. RHA Working Groups
   a. Referral to CCRT
   b. Assessment/Referral Forms
   c. Communication/PP Presentation/Brochure
   d. Positions- Roles and Responsibilities
   e. Geographic coverage
   f. CCRT Home support/RFP
8. Health Line Support
9. Evaluation Working Group
10. Budget
11. Next Meeting
12. Conclusion

Additional Information
### Community Rapid Response Teams Provincial Steering Committee

**3/12/2014**  
**1:00 PM**  
**Teleconference**  
**1-888-579-9842**  
**Participant Pin:** #  
**Moderate Code:** #  
**Boardroom #1 HCS**

Attendance: Angela Batstone ©, Dawn Gallant (representing Karen Milley), Gail Downing, Teara Freake, Tammy Priddle, Mimie Carroll, Dr. Roger Butler, Karen Nolan, Donna Mushrow ®  
Regrets: Karen Milley, Traci Foss, Dr. Larry Alteen

### Agenda

#### Call to Order

<table>
<thead>
<tr>
<th>Discussion: Meeting was called to order at 1:05.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conclusions:</strong></td>
</tr>
<tr>
<td>Action items: Not applicable</td>
</tr>
</tbody>
</table>

#### Review of Feb 27 minutes

<table>
<thead>
<tr>
<th>Discussion: Minutes for Feb 27, 2014 were approved with no changes.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conclusions:</strong> Dr. Butler agreed that he would provide the contact information for Dr. Kris Aubrey for evaluation.</td>
</tr>
<tr>
<td>Action items: Not applicable</td>
</tr>
</tbody>
</table>

#### Agenda additions and Approval

<table>
<thead>
<tr>
<th>Discussion: Agenda for the meeting was accepted as proposed.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conclusions:</strong></td>
</tr>
<tr>
<td>Action items: Not applicable</td>
</tr>
</tbody>
</table>
### Terms of Reference

**Discussion:**
- Tammy Priddle indicated that she has comments to forward for the terms of reference for the Provincial Steering Committee.
- Members indicated that as the RHA working groups have not yet met, there may be comments for those terms of reference. Representatives will bring back the comments from those working groups after the initial meeting.
- Members asked to give thought to a name for the initiative

**Conclusions:** Tammy to forward her comments to Donna Mushrow.

**Action items:**
- Comments for Provincial Steering Committee Terms of Reference
  - Person responsible: Tammy Priddle and other members with comments.
  - Deadline: March 26/14
- Comments for the RHA Working Groups Terms of Reference
  - Person responsible: RHA Representatives
  - Deadline: March 26/14

### Eligibility Criteria

**Discussion:** Eastern identifies there may be low numbers if the target is for the 75+ population. It was clarified that the target group is 75+ but not to eliminate others that are not meeting the age criteria exclusively. Narrowing the scope on initiation will ensure that there are not a broad number of clients to respond to as the targets are too broad from the offset. Additionally, it was agreed that the initiative not be disease specific.

**Conclusions:** Eligibility not disease specific. RHAs to consider further input for target populations.

**Action items:**
- Consider input for target populations.
  - Person responsible: Steering Group Members
  - Deadline: March 27/14

### RHA Working Groups

**Discussion:** Working groups have not yet met. All should have initial meeting prior to the next Steering Committee meeting.

**Conclusions:** Will hear about the work within at region at the next meeting.

**Action items:**
- Working Group Reports
  - Person responsible: Steering Group Members
  - Deadline: March 27/14

### Referral to CCRT

**Discussion:** Process for referral may look different in each RHA need to consider the throughput from ED admission to discharge. EH has reviewed process using LEAN and engagement of stakeholders to initiate the development of a action plan.

**Conclusions:** Each RHA Working Group will look at the referral process within their organization.

**Action items:**
- Referral process: Update at next meeting.
  - Person responsible: RHA Working Groups
  - Deadline: March 27/14
<table>
<thead>
<tr>
<th><strong>Assessment /Referral Forms</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion:</strong> Deferred to Eastern Working Group</td>
</tr>
<tr>
<td><strong>Conclusions:</strong></td>
</tr>
<tr>
<td><strong>Action items:</strong></td>
</tr>
<tr>
<td>**Person responsible:**Eastern Working Group</td>
</tr>
<tr>
<td><strong>Deadline:</strong> March 27/14</td>
</tr>
<tr>
<td><strong>Update at next meeting.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Communication/PPT/Brochure</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion:</strong> Deferred to Western Working Group</td>
</tr>
<tr>
<td><strong>Conclusions:</strong></td>
</tr>
<tr>
<td><strong>Action items:</strong></td>
</tr>
<tr>
<td>**Person responsible:**Western Working Group</td>
</tr>
<tr>
<td><strong>Deadline:</strong> March 27/14</td>
</tr>
<tr>
<td><strong>Update at next meeting.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Positions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion:</strong> Drafts for the position descriptions and postings have been completed. Deferred to Central Working Group</td>
</tr>
<tr>
<td><strong>Conclusions:</strong> Central Working Group is hoping to be able to share later today or tomorrow</td>
</tr>
<tr>
<td><strong>Action items:</strong> Information share across regions</td>
</tr>
<tr>
<td>**Person responsible:**Central Working Group</td>
</tr>
<tr>
<td><strong>Deadline:</strong> March 17/14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Geographic Coverage</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion:</strong> Deferred to RHA Working Groups to define within their region.</td>
</tr>
<tr>
<td><strong>Conclusions:</strong></td>
</tr>
<tr>
<td><strong>Action items:</strong></td>
</tr>
<tr>
<td>**Person responsible:**Working Groups</td>
</tr>
<tr>
<td><strong>Deadline:</strong></td>
</tr>
<tr>
<td><strong>Update at next meeting.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CCRT Home Support/RFP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion:</strong> There has been some discussion at HCS regarding the RFP. There is greater flexibility for the regions with the RFP if issued within each RHA.</td>
</tr>
<tr>
<td><strong>Conclusions:</strong> RFP for the HS component will most likely be completed with each RHA.</td>
</tr>
<tr>
<td><strong>Action items:</strong> Draft RFP to RHAs.</td>
</tr>
<tr>
<td>**Person responsible:**HCS</td>
</tr>
<tr>
<td><strong>Deadline:</strong> March 31/14</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Health Line Support</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Discussion:</strong> There have been preliminary discussions about using the HealthLine to support this initiative, as capacity exists.</td>
</tr>
<tr>
<td><strong>Conclusions:</strong> Further discussion required with HCS lead for HealthLine, including information to be collected.</td>
</tr>
<tr>
<td><strong>Action items:</strong> Ongoing discussion. Update to be provided.</td>
</tr>
<tr>
<td>**Person responsible:**Donna Mushrow</td>
</tr>
<tr>
<td><strong>Deadline:</strong> Mar 31/14</td>
</tr>
</tbody>
</table>
### Evaluation

**Discussion:** An initial meeting with the NLCHI leads for the evaluation has been held and another meeting is planned between HCS and NLCHI prior to the next meeting of the Steering Committee.

**Conclusions:** Dr. Kris Aubrey from MUN has been identified through Dr. Butler. Liz Kennedy has been identified by Eastern Health. Aim to ensure balance of both ED and Community be representation.

**Action items:**
<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western and Central Steering Group Members</td>
<td>March 27/14</td>
</tr>
</tbody>
</table>

### Budget

**Discussion:** It was noted that the 15% relief coverage was not included in the budget letters.

**Conclusions:** For follow-up

**Action items:**
<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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</thead>
<tbody>
<tr>
<td>HCS</td>
<td></td>
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</tbody>
</table>

### Conclusion

**Discussion:** Meeting adjourned at 2:03.

**Conclusions:** Next meeting set for March 27, 2014.

**Action items:**
<table>
<thead>
<tr>
<th>Person responsible:</th>
<th>Deadline:</th>
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<tbody>
<tr>
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</tbody>
</table>

### Additional Information

- Legrow Health Center Healthy Aging Clinic Information (5 documents)
- Diabetes Passport Western (2 documents)
ATTACHMENT

#50
Provincial Community Rapid Response Team
Regional Health Authority Working Group

TERMS OF REFERENCE
DRAFT – February 2014

Purpose
The RHA Working Group will provide clinical leadership to facilitate the successful planning and implementation of the Community Rapid Response Teams (CRRTs) initiative in the Regional Health Authorities. The CCRT will improve services for clients to effectively and efficiently contribute to the Department of Health and Community Services (DHCS) strategic plan Close to Home: A Strategy for Long Term Care and Community Support Services (2012).

Reporting Structure
This group will report to the Provincial CRRTs Project Steering Committee.

Functions
1. Establish a regional implementation plan, including the development of standardized policies, processes and tools to be utilized in the administration of the project.
2. Identify standards of practice including clinical efficiency targets as they relate to implementation of the CRRTs, and address these in consultation with the key stakeholders.
3. Develop an education plan for clinicians that will be involved in the CRRT initiative.
4. Develop a communication plan for the implementation of the CRRTs.
5. Develop a change management plan to ensure the successful implementation of the CRRTs.
6. Contribute to ongoing monitoring, data collection of data and information to inform the evaluation of the CCRT.

Membership
The membership shall be comprised of representation from the following areas:
- Community Support Program
- Emergency Room Program
- Others as deemed necessary within the RHA.

Guests may be invited to attend the meetings.

Members should have the ability to make or facilitate management level decisions within their organizations as well as share minutes with the appropriate persons.
Quorum
The quorum is 50% of the membership with representation from both the Community Support Program and the Emergency Department Program. For decision making, each member will be eligible for one vote.

In the event of a tie vote that is unable to be resolved within the RHA; the issue will be advanced to the Provincial Project Steering Committee for suggestions. If following discussion of the Provincial Project Steering Committee suggestions there remains an impasse; a DHCS representative will provide instruction for decision.

Chair Person
A representative of the RHA Community Support Program will chair the meetings.

Recording Secretary
Recording responsibilities will rotate amongst the members and will provide for recording and distributing minutes. Minutes are to be distributed to all committee members within one week prior to the next meeting.

Meeting Frequency
Meetings will be held on a twice monthly basis or at the call of the chair. Meetings will be arranged via teleconference or webinars if required.

Review
The Terms of Reference will be reviewed annually.

March 27, 2014
ATTACHMENT

#51
Comprehensive Geriatric Assessment: (CGA) a multidisciplinary diagnostic and treatment process that identifies medical, psychosocial and functional limitations of a frail older person in order to develop a coordinated plan to maximize overall health with aging (Ellis Martin, Robinson, O'Neill, & Planghome, 2011).

World Health Organization (1989)

Identified domains that require assessment in elderly
- Physical health
- Mental health, cognition and psychiatric symptoms
- Functional capacity; activities of daily living, instrumental activities of daily living
- Social Resources
- Environmental resources
- Economic resources

Goals (CGA)
- Data Gathering
- Discussions among team
- Develop a treatment plan
- Monitor and evaluate response to intervention
- Revise plan if required
- Continued Follow-up

Objectives
- To improve care/quality life of elderly in the ER and post treatment
- Reduce unplanned ER visits by elderly patients
- Provide linkage community/outpatients
- Improve geriatric identification, assessment and management of at risk individuals
- Improve patients, family, caregivers and staff satisfaction in caring for frail elderly at risk in the ER.

IDENTIFYING RISK INDIVIDUALS
- Increase Age
- Increase in Co-morbid conditions
- Psychosocial issues
- Geriatric conditions decline
- Increase health care utilization
• Change in living conditions or increase care needs
TRIAGE SCREENING TOOL
Completed by those 75 + years of age

1. History of cognitive impairment (poor recall or not orientated)
2. Difficulty walking/transferring or recent falls
3. Five or more medications
4. ED use in last 30 days or hospitalization in previous 90 days
5. Lives alone and/or no available caregiver
6. ED staff professional recommendations
   - nutrition/weigh loss
   - failure to cope
   - sensory deficits
   - incontinence
   - medication issues
   - depression low mood
   - other

If 2 or more factors identified
Refer to Geriatric Assessment Team or no referral required, or SW referral
Rapid Response Team- ASSESSMENT TOOL

Assessment Date: ____________
Presenting Problem: ________________

Previous ER Visits: ____________________

Diagnosis: _________________________

Relevant Past illnesses: _______________________

Height _____ Weight _______ BMI _________

Medications: (> five medications increase risk adverse effects and falls )
(Include all prescription, OTC, herbals, and street medications)

<table>
<thead>
<tr>
<th>MEDICATIONS</th>
<th>Dosage</th>
<th>ROUTE</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Knowledge of Medications: YES/NO

Usual Administration: Self______ Caregiver_________
AIDES: Blister pack___/Dosette___ / From bottle_____ / Written list___
Compliance: Yes/No
<table>
<thead>
<tr>
<th>GENERAL APPEARANCE</th>
<th>Clean</th>
<th>DIRTY</th>
<th>DISHEVELLED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSCIOUS STATE</td>
<td>Alert</td>
<td>HYPERACTIVE</td>
<td>DROWSY</td>
</tr>
<tr>
<td>DISORIENTATION/ORIENTATION</td>
<td>TIME</td>
<td>PLACE</td>
<td>PERSON</td>
</tr>
<tr>
<td>HALLUCINATION</td>
<td>NIL</td>
<td>VISUAL</td>
<td>AUDITORY</td>
</tr>
<tr>
<td>SPEECH</td>
<td>NORMAL</td>
<td>INCOHERENT</td>
<td>RAPID</td>
</tr>
<tr>
<td>MOOD</td>
<td>APPROPRIATE</td>
<td>ANXIOUS</td>
<td>FEARFUL</td>
</tr>
<tr>
<td>AFFECT</td>
<td>EUTHYMIC</td>
<td>EXPANSIVE</td>
<td>BLUNTED</td>
</tr>
</tbody>
</table>

**Cognition**

**BEHAVIOUR**

<table>
<thead>
<tr>
<th>QUALIFY</th>
<th>NEVER</th>
<th>occasionally</th>
<th>FREQUENCY</th>
<th>TRIGGERS</th>
<th>RELIEVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>WANDERING</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Sleep Disturbances</td>
<td></td>
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<tr>
<td>AGGRESSION/VERBAL/PHYSICAL</td>
<td></td>
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<td></td>
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<tr>
<td>Disinhibition</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>AGITATION</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>WITHDRAWAL</td>
<td></td>
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</tr>
</tbody>
</table>
Communication

Hearing
How is disinhibition hearing? ____________________________
Do you have any trouble with your ears? _________________
Does it involve one or both? _____________________________
Did it start suddenly or gradually? ________________________
Can you hear individual voices clearly in noisy environment? ____________
Do people tell you the TV is too high? ________________________

Does the patient have a hearing deficit: YES/NO

POSITIVE PERFORM:
Whisper test
• Stand behind patient
• Whisper 3-6 works at a d=8/12/24
• patient repeats words heard
• inability to repeat > 50 % of words= FAILED HEARING TEST

Does the patient use hearing aids/Do they work: ________

Vision
1. Because of your eyesight, do you have trouble driving, watching TV, reading or doing any daily activities? ________________

2. Does the patient wear glasses: YES/NO

3. Cataracts/replacement lens: ________________

IF Yes, Test each eye with Snellen chart with corrective lens
Positive—yes to questions or inability to read chart at greater than 20/40 on the Snellen chart

Communication
1. Speaks and understands english? __________
2. Interpreter organized/language __________
3. Understands spoken words: YES/ NO __________
   • Any evidence of Aphasia, Apraxia, Agnosia: __________
   • IF YES Requires Dementia Screening: YES/NO—See mental status

• Evidence of acute Change in Mental status from Baseline

• POSITIVE PERFORM

CAM= Confusion Assessment Method - SHORT VERSION

MENTAL STATUS: Impaired Cognition
Three word recall after 1 min. Failure to recall 3 words requires further investigation

MOCA - SCORE: /30
MMSE- SCORE: /30

2. Depression/Emotional Status

1. Do you feel sad or depressed? YES/NO
2. For your age, is your health: Excellent, Good, Fair or Poor?
3. How is your health now compared to 5 years ago?

IF POSITIVE PERFORM

Geriatric Depression Scale—(Short form 15 questions)
MOBILITY

1. History of falls?
2. What caused the Falls?
3. Does patient require assistance with walking/transfers? YES/NO

Fall risk assessment Score-(HENDRICK II MODEL)

Get up and go test (Three Trials) (Included in Hendrick II Model)

Time the patient after giving directions: “rise from the chair. Then walk 20 feet briskly, turn, walk back to chair and sit down.”

Positive if unable to complete in 15 seconds

- IF YES REFER TO PHYSIO
  1. Risk falls: YES/NO
  2. Home equipment required: YES/NO
  3. Caregiver concerns re: home safety (environmental): YES/NO

- IF YES REFER to OCCUPATIONAL THERAPY

Daily Activities

Is there problems with self care? (Dressing, bathing, toileting, continence, feeding, transferring) — YES/NO
YES — PERFORM

KATZ INDEX OF INDEPENDENCE IN ACTIVITIES OF DAILY LIVING

TOTAL SCORE ____________________
SCORE OF 6 = HIGH, Patient is independent
SCORE of 0 = Low, Patient of very Dependent

Pain

1. Is the patient in pain? YES/NO: Acute _____ or Chronic _____

If chronic is it usually controlled: YES/NO

2. Location of pain: ___________
   Pain Score: ____/10. IF > than 4 medical assessment

If Confused/Dementia use - PAINAD ____/10

3. Medication used _____________ OTC _____ Other intervention _____

SKIN INTEGRITY

1. Is skin intact: YES/NO
   If no may require wound care referral— assessment

CONTINENCE

1. In the last year have you lost your urine/bowels or gotten wet? yes proceed to 2.
2. Have you lost your urine on at least 6 separate days? ________
3. In the last year have you lost your urine or gotten wet? ________
   Yes to 2 and 3 — 75% accuracy for urinary incontinence

**POSITIVE IF YES**
Is the patient continent?
• Bowels: YES/NO
• Bowels: Frequency________, Is it normal/characteristic________
• Last BM________
• Urine: YES/NO__________ IDC_______ / SPC______

**NUTRITION SCREEN**

1. Does the patient eat poorly?
2. Any loose teeth or mouth pain
3. Any economic issues?
4. Any revenant diseases/illnesses
5. Reduced social contact
6. Involuntary weight loss/gain?

*Unintentional weight loss > 10Lbs in the last 6 months suggests poor nutrition in the absence of other medical problems.*

**Consider:** Serum Albumin, Total Protein, WBC, LIPID Profile (age <80) lytes, BUN, CR, TSH, B12

**Concerns Perform:**
**MINI NUTRITIONAL ASSESSMENT**
> 24 = WELL NOURISHED
<17 = MALNOURISHED
> 6 REFER to Dietician
SOCIAL SITUATION

1. Living arrangements
2. Who can help in emergency?
3. Is there a caregiver assisting now?
4. Signs elder abuse/mistreatment?

DRUG AND ALCOHOL SCREENING

<table>
<thead>
<tr>
<th></th>
<th>FREQUENCY</th>
<th>AMOUNT</th>
<th>HOW LONG</th>
<th>TIME/ Last use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobacco/Nicotine</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Stimulants/(cocaine)</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Narcotics</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
<td></td>
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<tr>
<td>Benzodiazepines</td>
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</tbody>
</table>

ASSESSMENT Completed by: ____________________
Date: ___________ Time: ________________

- REFERRAL to RAPID RESPONSE TEAM __________/ PHYSIO ___ OT ___
- Medical Referral Required __________/ 
- Wound Care Assessment __________
- Community DIETICIAN __________
- Community Social Work ___________/ Hospital Social worker ___
References


ATTACHMENT

#52
February 18, 2014

Mr. George Butt  
Vice President Corporate Services  
Eastern Regional Health Authority  
C/O Carbonear General Hospital  
86 Highroad South  
St. John's, NL  A1Y 1A4

Dear Mr. Butt:

Re: **Community Rapid Response Initiative (#B2013.14E-45 - Revised)**

The Department is pleased to provide funding of $1,311,350 ($527,750 base and $783,600 one-time) the above referenced initiative.

One-time funding has been approved for the Health Science Centre site which was announced in 2012-13, to be allocated as follows:

<table>
<thead>
<tr>
<th>Site: Health Science Centre</th>
<th>Item</th>
<th>FTEs</th>
<th>One-Time Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>Nurse Practitioner (NS-32)</td>
<td>1</td>
<td>$102,400</td>
</tr>
<tr>
<td></td>
<td>Community Health Nurse (NS-31)</td>
<td>2</td>
<td>$195,300</td>
</tr>
<tr>
<td></td>
<td>Clerk Typist III (HS-24)</td>
<td>1</td>
<td>$50,800</td>
</tr>
<tr>
<td></td>
<td>Occupational Therapist (CH-39)</td>
<td>0.5</td>
<td>$42,800</td>
</tr>
<tr>
<td></td>
<td>Physical Therapist (CH-39)</td>
<td>0.5</td>
<td>$42,800</td>
</tr>
<tr>
<td></td>
<td>Travel and Communications</td>
<td></td>
<td>$17,000</td>
</tr>
<tr>
<td></td>
<td>Supplies, equipment for team</td>
<td></td>
<td>$75,000</td>
</tr>
<tr>
<td></td>
<td>Grants (Home Support Costs)</td>
<td></td>
<td>$250,000</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL ONE-TIME FUNDING</strong></td>
<td></td>
<td><strong>$776,100</strong></td>
</tr>
</tbody>
</table>

Note: Salary figures includes benefits @ 20% and relief @ 15%
Base funding has been approved for the St. Clare’s Mercy Hospital site which was announced in 2013-14, to be allocated as follows:

<table>
<thead>
<tr>
<th>Site : St. Clare’s Mercy Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Salaries</td>
</tr>
<tr>
<td>Nurse Practitioner (NS-32)</td>
</tr>
<tr>
<td>Community Health Nurse (NS-31)</td>
</tr>
<tr>
<td>Clerk Typist III (HS-24)</td>
</tr>
<tr>
<td>Occupational Therapist (CH-39)</td>
</tr>
<tr>
<td>Physical Therapist (CH-39)</td>
</tr>
<tr>
<td>Travel and Communications</td>
</tr>
<tr>
<td>Supplies - Start-up</td>
</tr>
<tr>
<td>Supplies, equip for team</td>
</tr>
<tr>
<td>Grants (Home Support Costs)</td>
</tr>
<tr>
<td>TOTAL ONE-TIME FUNDING</td>
</tr>
</tbody>
</table>

Note: Salary figures includes benefits @ 20% and relief @ 15%

Departmental staff of the Long Term Care and Community Support Services Division has been working with the appropriate staff in your RHA to move this initiative forward, including identifying the implementation timelines, policy and standard development, and evaluation/monitoring activities.

This funding is to be used only for the above referenced purpose. In the event there is unused funding, it must be deferred, and the Department must be contacted for approval to reallocate the funding for another purpose.

If you require any further information or clarification, please call Pam Barnes, Program Consultant at 729-5323 or e-mail pbarnes@gov.nl.ca.

Yours truly,

MICHAEL TIZZARD
Departmental Controller

c.c.: Alice Kennedy  
      Michelle Jewer  
      Angela Batstone  
      Don Myers  
      File
ATTACHMENT

#53
Purpose
The RHA Working Group will provide clinical leadership to facilitate the successful planning and implementation of the Community Rapid Response Teams (CRRTs) initiative in the Regional Health Authorities. The CCRT will improve services for clients to effectively and efficiently contribute to the Department of Health and Community Services (DHCS) strategic plan Close to Home: A Strategy for Long Term Care and Community Support Services (2012).

Reporting Structure
This group will report to the Provincial CRRTs Project Steering Committee.

Functions
1. Contribute to a regional implementation plan, including the development of standardized processes and tools to be utilized in the administration of the project.
2. Identify standards of practice and policy requirements as they relate to implementation of the CRRTs, and address these in consultation with the key stakeholders.
3. Develop an education plan for clinicians that will be involved in the CRRT initiative.
4. Develop a communication plan for the implementation of the CRRTs.
5. Develop a change management plan to ensure the successful implementation of the CRRTs.
6. Contribute to data collection and information to inform the evaluation of the CCRT.

Membership
The membership shall be comprised of representation from the following areas:
- Community Support Program
- Emergency Room Program
- Others as deemed necessary within the RHA.

Guests may be invited to attend the meetings.

Members should have the ability to make or facilitate management level decisions within their organizations as well as share minutes with the appropriate persons.
Quorum
The quorum is 50% of the membership with representation from both the Community Support Program and the Emergency Department Program. For decision making, each member will be eligible for one vote.

In the event of a tie vote; the issue will be advanced to the Provincial Project Steering Committee for suggestions. If following discussion of the Provincial Project Steering Committee suggestions there remains an impasse; a DHCS representative will provide instruction for decision.

Chair Person
A representative of the RHA Community Support Program will chair the meetings.

Recording Secretary
Recording responsibilities will rotate amongst the members and will provide for recording and distributing minutes. Minutes are to be distributed to all committee members within one week prior to the next meeting.

Minutes are to be distributed to all committee members one week prior to the next scheduled meeting.

Meeting Frequency
Meetings will be held on a twice monthly basis or at the call of the chair. Meetings will be arranged via teleconference or webinars if required.

Review
The Terms of Reference will be reviewed in one year.

February 5, 2014
Provincial Community Rapid Response Team  
Project Steering Committee  

TERMS OF REFERENCE  
DRAFT – February 2014

Background
The Community Rapid Response Teams (CRRT) are a pilot of a strengthened and structured partnership between home & community services and the emergency departments (ED) at four sites in the province; Health Science Center, St. Clare’s Mercy Hospital, Central Newfoundland Regional Health Center and Western Memorial Hospital.

Studies show that hospitalized older individuals with multiple medical problems are at risk of decreasing function. The maintenance of functional ability with activities of daily living such as bathing, dressing, feeding and mobility are critical to the ability of seniors to remain in the own home and community. The CRRT will provide enhanced support to individuals to assist appropriate individuals in returning home upon presentation to the ED, thus avoiding hospitalization where possible.

The placement of a community health nurse, with extensive knowledge and understanding of community services and programs, in these EDs will facilitate the discharge of clients that may have been previously admitted to return home to recover. Additionally, the presence of this resource may potentially encourage ED staff to send routine referrals, as appropriate, to community that will support individuals in their recovery and reduce repeated presentation at these ED.

The consultation that was completed for Close to Home: A Strategy for Long Term Care and Community Support Services indicated that seniors want to remain in their home and communities, and there is evidence to suggest that providing care at home is a cost-effective alternative to acute and long term care. Supporting individuals to recuperate at home has the opportunity to deliver better client outcomes, quality of life and effective health service delivery.

Purpose
The Steering Committee will ensure a collaborative approach to the implementation of four CCRT in the province; Eastern Health (2), Central Health (1) Western Health (1). These CCRT will improve services for clients to effectively and efficiently contribute to the Department of Health and Community Services (DHCS) strategic plan Close to Home: A Strategy for Long Term Care and Community Support Services (2012).

This committee is responsible for setting provincial direction and policy related to the implementation the four teams included in this project.
**Reporting Structure**

The Committee, through the Chair, is accountable to the Assistant Deputy Minister of Regional Services and will provide reports as necessary. Further, pertinent information may be shared with the Vice Presidents responsible for the delivery of Community Support Services in the Regional Health Authorities (RHA).

**Functions**

1. Oversee the development of a provincial implementation plan, including the approval of standardized processes and tools to be utilized in the administration of the project, plans for communication, and education and change management.
2. Monitor implementation progress with specific focus on schedule and risk management.
3. Provide a forum for decision-making and issue resolution where item cannot be resolved at the RHA working group level.
4. Set provincial direction for data collection, reporting and participation in the evaluation of this initiative.
5. Act in an advisory capacity to the DHCS in matters pertaining to the CRRTs initiative.

**Membership**

The membership shall be comprised of the following representation:
- RHA Family Physician (1; one identified from Eastern Health)
- RHA Emergency Department Program (3; one from each RHA involved)
- RHA Community Supports Program (3; one from each RHA involved)
- DHCS Director, Physician Services
- DHCS Director, Long Term Care-Community Support Services
- DHCS Policy Consultant, Long Term Care-Community Support Services
- DHCS Board Services Consultant

Others may be invited to participate as guests.

Organizational representatives should have the ability to make or facilitate management level decisions within their organizations as well as share minutes and materials with appropriate persons.

**Quorum**

The quorum is 50% of membership with representation from both the Regional health Authorities and the Department of Health and Community Services.

**Chair Person**

The director of Long Term Care and Community Support Services will set and chair the meetings.

**Recording Secretary**
The recording secretary will rotate between the DHCS and RHA and will provide for recording and distributing meeting minutes. Minutes are to be distributed to all committee members within one week prior to the next meeting.

**Meeting Frequency**
Monthly meetings will be held, either in person or via conference call. The committee will commence on February 26, 2014. The committee will dissolve once any recommendations resulting from the evaluation have been completed.

**Review**
The Terms of Reference will be reviewed in one year.

**February 5, 2014**
ATTACHMENT

#55
Community Rapid Response Team Initiative
November 2013
Background

The Community Rapid Response Team (CRRT) is a pilot of a strengthened and structured partnership between home & community services and the emergency departments (ED) at four sites in the province, Health Science Center, St. Clare’s Mercy Hospital, Central Newfoundland Regional Health Center and Western Memorial Hospital.

Studies show that hospitalized older individuals with multiple medical problems are at risk of decreasing function. The maintenance of functional ability with activities of daily living such as bathing, dressing, feeding and mobility are critical to the ability of seniors to remain in the own home and community. The CRRT will provide enhanced support to individuals to assist appropriate individuals in returning home upon presentation to the ED, thus avoiding hospitalization where possible.

The placement of a community health nurse, with extensive knowledge and understanding of community services and programs, in these EDs will facilitate the discharge of clients that may have been previously admitted to return home to recover. Additionally, the presence of this resource may potentially encourage ED staff to send routine referrals, as appropriate, to community that will support individuals in their recovery and reduce repeated presentation at these EDs.

The consultation that was completed for Close to Home: A Strategy for Long Term Care and Community Support Services indicated that seniors want to remain in their home and communities, and there is evidence to suggest that providing care at home is a cost-effective alternative to acute and long term care. Supporting individuals to recuperate at home has the opportunity to deliver better client outcomes, quality of life and effective health service delivery.

Initiative

A CCRT will initiate provision of a higher level of care, for a short period, in community settings with enhanced home care services. The goal is to have a positive impact on emergency room and acute care inpatient bed utilization as clients are provided with effective and efficient care in their own home.

Appropriate members of the CCRT in the EDs will assess clients for eligibility for enhanced service to have those that are medically stable return home. These individuals will be supported with enhanced home care as they transition to a lower level care requirement that is manageable within the routine home care service that is available in their community.

As working groups are initiated, information and data will be shared to guide the policy development, implementation and evaluation of the CCRTs.

Jurisdictional Scan and Consultation

To ensure that the CRRTs are providing an effective and efficient service, consultation with the RHAs leadership has been initiated and select RHA and NLCHI data has been analyzed. Additionally, a jurisdictional scan and literature review has been completed to inform this initiative. Consultation with other Canadian sources that have similar programs has also been completed.

Many Canadian jurisdictions have programs similar to what is being proposed for the CCRTs in NL. However, models for the provision of service vary across the country. Many have indicated that prior to implementation of CCRT like models formal referrals to community health services
from the emergency department were very low. These teams have advanced appropriate referrals for individuals to be cared for in the community within home care programs and resources that are currently available. The NL model with dedicated additional resources to support this initiative is seen as a positive by others.

Information from the Jurisdictional scan is attached as Appendix 1.

DATA ANALYSIS

Target Population
An analysis of our provincial data shows that approximately 50% of those presenting to EDs are 65 years of age or older. According to information gathered from other jurisdictions most CRRT clients also have one or more of the following characteristics:

- Multiple medical problems
- Taking multiple medications
- Presented due to a fall
- Acute dementia
- Common diagnosis include UTI or CHF
- CTAS score of 3 or higher
- Presents due to caregiver burnout

Based on the above information the proposed target population for the pilot period will be the population described.

CCRTs – Hours of Operation
Trending of time of arrival data for the three RHAs demonstrates that more than 50% of the ED presentations by seniors are during the 8 am to 4 pm shift. The number of presentations is lower on weekends than on weekdays. As this initiative is built on referring clients for community services, there is a requirement that the community has the ability to accept referrals when the team is operating. With this in consideration, the pilot phase of the team will have clients assessed in the EDs during the day shift, Monday thru Friday.

Services
Through this initiative clients will be provided with short term enhanced services at home that may include:

- increased nursing support;
- intensive occupational and/or physical therapy service;
- home visiting from a family physician/nurse practitioner when available; and
- increased home support for a maximum of seven days.

Clients may be provided with the equipment and/or supplies that are required to facilitate their recovery for a 30 day period.

Professional services, home support and access to equipment/supplies will be provided to the client with no financial assessment or cost for the specified periods.
Team Composition - Human Resources
Each Rapid Response Team will be compromised of:
• 2 FTE community health nurses;
• 1 FTE nurse practitioner;
• 0.5 FTE physiotherapist and
• 0.5 FTE occupational therapist.
• 1 FTE administrative support;

Physicians in the EDs will be responsible for the medical assessment of potential clients. Nurse practitioner will also play a role. The community health nurse will be responsible for the assessment of clients to determine service needs and to complete the initial care plan to enable the client to transition home. The second community health nurse position will provide capacity to enhance services for these clients in the community setting. Information obtained through the jurisdictional scan has indicated that it is critical that the CRRT nurse, completing the assessment and care plan, has a solid community background with knowledge and understanding of services and programs that are available in the community.

Family physicians will be engaged to provide visits to the client in their home as necessary, where available. The nurse practitioner will provide support to clients that are registered for service under this initiative to ensure that additional workload impacts to family physicians is minimal. As well, the potential for use of the HealthLine for afterhours support for clients is also being utilized.

The occupational and physical therapy resources are provided to enable independence and physical mobility capacity for the clients through therapy and equipment.

The administrative support position will create capacity for referral acceptance, support for the clinical team as well as have a primary role in data collection and submission to support the evaluation. Additionally, the support person will facilitate communication with the client's family physician providing notification that their client is being seen through the CRRT.

Capacity
Working groups will be expected to set a benchmark for the maximum number of clients that can be serviced with enhanced care at any one point in time.
Implementation Plan

Provincial Steering Committee

It is being proposed that in addition to regional working groups, a provincial steering committee be established to guide policy development and implementation planning for the CRRT initiative. The proposed structure is below:

Terms of reference for the Steering Committee and the working groups will be circulated for review and feedback.

Evaluation

An evaluation of this initiative will be completed in consultation with the RHAs. The evaluation will be led by the Department and will include data related to, ED and community staff experiences and client feedback. Specific data collection details will be finalized through the working groups.

The program evaluation may consider the team’s capacity to expand such as hours of operation beyond the day shift Monday through Friday and the potential utilization of these teams to facilitate the discharge of appropriate Alternate Level of Care clients back to the community.
Community Rapid Response
Eastern Health

AGENDA

Date: November 25, 2013
Time: 2:30-4:30
Location: Boardroom 1, Department of Health and Community Services

Conference Call Information
1-888-579-9842
Moderator
Participant

Call to Order
Welcome and Introductions
Agenda Additions and Approval
Process to Date
Document Review
Resources
Implementation Plan
  • Steering Committee Structure
  • Timelines
Next Meeting
Adjournment
ATTACHMENT

#57

This was the jurisdictional scan that was removed as non-responsive with the approval of the applicant.
ATTACHMENT

#58

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This was a response for the jurisdictional scan that was removed as non-responsive with the approval of the applicant.
ATTACHMENT #60

This was a response for the jurisdictional scan that was removed as non-responsive with the approval of the applicant.
Information Note
Department of Health and Community Services

Title: Community Rapid Response Teams

Issue: Status Update for the Community Rapid Response Team Initiative.

Background and Current Status:
- Budget 11/12 provided funding in the amount of $491,500 to support the implementation of two Community Rapid Response Teams (CRRTs) in the province.

- Based on the analysis of data regarding emergency department utilization data (seniors age 65+) and ALC patients, a decision was made to place the CRRTs at the Health Science Centre, St. John's, and Central Newfoundland Regional Hospital, Grand Falls-Windsor.

- Initial contact was made with the VPs in Eastern Health and Central Health in December 2012 to advise of the preliminary decision regarding site selection for the CRRTs and to solicit their input. Both regions were very receptive to, and supportive of the decision.

- It is intended that the regions be engaged in the policy development and the implementation plan for this initiative through the establishment of working groups in the regions. These working groups will have acute care, community support services and physician representation.

- Early January 2012, a conference call was held with the regions VPs of acute and community care, as well as the CEO in CH) at which time a summary of the initiative was presented and the regions were asked to identify appropriate working group members.

- Shortly thereafter the efficiency/budget process became a priority for the regions, resulting in a delay in receiving the information requested. In the meantime, LTC CSS have been engaged in the review and analysis of similar initiatives across the country to inform policy development.

- The regions were contacted again mid-March, following the budget process; mid-April both regions had identified their working group members, with the exception of physician representation in CH.
On March 26, Budget 2013/14 announced funding to support two additional CRRTs in the province. The proposed sites for these teams are Western Memorial Hospital, Corner Brook and St. Clare’s Mercy Hospital, St. John’s. These sites have not been engaged to date.

Two physician champions, [redacted] have agreed to meet regarding this initiative. They have indicated in a previous meeting that physician involvement at the community level would need to be worked out and remuneration for services such as multi-disciplinary meeting would be required.

May 7, 2012 LTCCSS staff met with [redacted] (NLMA), Dr. Larry Alteen and Bill Hutchings to discuss the conceptual overview for community rapid response; identification of physicians for engagement; as well as funding requirements for those physicians. From that meeting, the department will integrate information and develop a high level PowerPoint that can be shared with NLMA and the regional health authorities.

While work is continuing for the implementation of the CCRTs, initiation by late Fall 2013 remains ambitious.

Action Being Taken:

Next steps:

Prepared / Approved by: Donna Mushrow / Debbie Morris
Approved by:
Updated May 23, 2013
Meeting Community Rapid Response Teams

11 Elizabeth Avenue

May 7, 2013

Anticipated outcomes of the meeting with Dr. Butler and Dr. O’Shea as representative of the NLMA

1. Concept overview – Collaborative effort
   a. Summary Document
   b. Team composition
   c. Assessment and admission process
   d. Sites/location
   e. Geographic coverage
   f. Governance
      i. Oversight of Teams
      ii. Participation of physicians in other regions (Western and Central)
      iii. Steering Committee/Working Group(s)

2. Identify mechanism for community on call physician coverage

3. Identify mechanism for CRT physicians to collaborate with emergency and family physicians

4. Discuss sharing of client information

5. Identify participating physicians and additional funding requirement for those physicians (i.e.: case conferencing)

6. Discuss engagement of other physicians and information sharing mechanisms.
Community Rapid Response Teams

The Department initially announced 2 community rapid response teams with the release of the Strategy to Reduce Emergency Department Wait Times in Newfoundland and Labrador 2012. This strategy indicated that the Department of Health and Community Services will work with the regional health authorities to provide access to enhanced community-based health services for seniors, who present at an emergency department and could otherwise be supported at home and avoid hospital admission, by piloting two Community-based Rapid Response Teams.

The foundation of these teams includes:

- A community-based rapid response team is comprised of medical professions including nursing, physiotherapy, occupational therapy and physicians who provide short-term intervention and support to seniors in their own homes;
- Seniors, who are identified by the emergency department physician as being able to return home with additional supports, will be referred to the team for follow-up care and monitoring in the patient’s home. As their condition improves, patients will be referred back to regular community supports; and
- 24-hour home support for up to seven days will also be available.

Further, Budget 2013 invested $1.6 million for the continued implementation of a pilot project for Community Rapid Response Teams, which will expand this year from two sites to four, providing enhanced health services and home support to seniors in their own homes, reducing the need for admissions to a hospital.
Community Rapid Response Overview

Target Population

- The target group for this initiative is clients who are in emergency rooms that are requiring a higher level of care to enable a safe return to their own home with a plan for enhanced home care for first seven days. The need for the higher level of care is reasonably assessed at the emergency department to not be beyond the seven day period. Following the seven days, it is anticipated that the client will be able to have their needs met through the routine home care services that are available in their area.
- The primary target clients will be those in the 65+ age cohort; however the service will be available for all adults as appropriate.
- Additionally, clients return home where they can be supported in care to effectively and efficiently transition to routine home care service.
- Though the admission of clients for this initiative is not defined by diagnosis, examples of clients who may avail of the service includes those diagnosed with exacerbation of respiratory illness, congestive heart failure or confusion related to an infection that is being treated.

Initiative:

- A Community Rapid Response Team will initiate provision of a higher level of care in community settings to enhance home care services and have a positive effect on emergency room and acute care inpatient bed utilization as clients are provided with effective and efficient care in their own home. Additionally this would be seen as a cost effective option of avoiding hospitalization.
- The Rapid Response Team will assess clients at emergency departments for eligibility for enhanced service to have those that are medically stable return home and be supported with enhanced home care as they transition to a lower level care requirement that is manageable within the routine home care service that is available in their community.
- Assessment will be completed with a referral from the Emergency Room staff to the Rapid Response Team and will utilize the RAI-HC (Home Care Assessment) as the standardized assessment tool.
- The Rapid Response Team will be compromised of 2 FTE community health nurses, 1 FTE nurse practitioner, 1 FTE administrative support, 0.5 FTE physiotherapists and 0.5 FTE occupational therapist. Family physicians provide visits to the client in their home as required. The team will be responsive to the assessments at the designated emergency department and care of clients within the 7 day enhanced care period in the community. The teams will also have occupational and physical therapy resources to enable independence and physical mobility capacity for the clients through therapy ad equipment.
- Enhanced services at home may include an increase nursing support; intensive occupational and/or physical therapy service; home visiting from a family physician; access to equipment and supplies and increased home support.
- The program will service clients with up to 24 hour home support service in the initial 7 days. As it is anticipated that not all clients will require this level of home support, there will
be capacity to respond to additional clients utilizing the home support funding request indicated in this request.

The pilot project

- Identification of 4 Emergency Departments in consultation with the Regional Health Authorities for the placement of the initial Rapid Response Teams. Additional Teams would be added based on the evaluation and fiscal capacity.
- The teams will be available for seven days a week and 12 hours per day for assessment.
- An evaluation of the program will be initiated following 1 year of implementation. The evaluation will consider components such as the program's ability to initiate the indicated services for the clients, whether clients were transitioned to routine home care services following the 7 day period, if clients returned to the emergency department and client/family satisfaction with the program.
- The Department will work with the Regional Health Authorities in planning for and implementation of this new initiative.
ATTACHMENT

#63
Community Rapid Response Team Overview

Description

- Budget 2012 announced funding to consider initiation of two pilot projects to assess clients presenting at emergency departments to return to their home with enhanced services thus avoiding hospital admission. The primary target clients are seniors; however, the service will be available for all adults as appropriate.
- This pilot is an action to support the goals included in Close to Home: A Strategy for Long Term Care and Community Support Services that was released in June 2012. This strategy will guide the province in strengthening and integrating the components of long term care and community support services over the next ten years.
- Eligibility for this enhanced service requires that individuals are medically stable to return home and can be supported with enhanced home care through a multidisciplinary team for up to a seven day period. The need for the higher level of care is reasonably assessed at the emergency department to not be beyond the seven day period. During this time, clients are anticipated to transition to a lower level care that is within the routine home care service that is available in their community.
- Enhanced services at home may include an increased nursing support; intensive occupational and/or physical therapy service; home visiting from a family physician; access to equipment and supplies and increased home support.
- Assessment will be completed by the Rapid Response Team and will utilize the RAI-HC (Home Care Assessment) as the standardized assessment tool.
- The regional health authorities will be responsible for the implementation of this new initiative while family physicians, home support agencies and medical equipment suppliers will be important partners for service provision.

Budget/Funding

- Approximately $500,000 of one time funding was provided in Budget 2012 for this initiative.
- Discussion with the regional health authorities has been initiated regarding details for the implementation of this initiative.

Evaluation

- Opportunities for improvement will be considered throughout the implementation of the pilot project.
- An evaluation of the program will be initiated following 1 year of implementation. The evaluation will consider components such as the program's ability to initiate the indicated services for the clients, whether clients were transitioned to routine home care services following the 7 day period, representation at an emergency department, hospital admission avoidance, opportunities for expansion to additional sites as well as enhancing community discharge opportunities for in-patients designated as alternate level of care and client/family satisfaction with the program.
ATTACHMENT

#64

This was a information for the jurisdictional scan that was removed as non-responsive with the approval of the applicant.
ATTACHMENT #65

This was a information for the jurisdictional scan that was removed as non-responsive with the approval of the applicant.
ATTACHMENT

#66
Rapid Response Overview

Target Population

- The target group for this initiative is clients who are in emergency rooms that are requiring a higher level of care to enable a safe return to their own home with a plan for enhanced home care for first seven days. The need for the higher level of care is reasonably assessed at the emergency department to not be beyond the seven day period. Following the seven days, it is anticipated that the client will be able to have their needs met through the routine home care services that are available in their area.
- The primary target clients will be those in the 65+ age cohort; however the service will be available for all adults as appropriate.
- Additionally, clients return home where they can be supported in care to effectively and efficiently transition to routine home care service.
- Though the admission of clients for this initiative is not defined by diagnosis, examples of clients who may avail of the service includes those diagnosed with exacerbation of respiratory illness, congestive heart failure or confusion related to an infection that is being treated.

Initiative:

- A Community Rapid Response Team will initiate provision of a higher level of care in community settings to enhance home care services and have a positive effect on emergency room and acute care inpatient bed utilization as clients are provided with effective and efficient care in their own home. Additionally this would be seen as a cost effective option of avoiding hospitalization.
- The Rapid Response Team will assess clients at emergency departments for eligibility for enhanced service to have those that are medically stable return home and be supported with enhanced home care as they transition to a lower level care requirement that is manageable within the routine home care service that is available in their community.
- Assessment would be completed with a referral from the Emergency Room staff to the Rapid Response Team and would utilize the RAI-HC (Home Care Assessment) as the standardized assessment tool.
- The Rapid Response Team would be compromised of primarily of Community Health Nurses and would include a Nurse Practitioner. The team would be responsive to the assessments at the designated emergency department and care of clients within the 7 day enhanced care period in the community. The teams will also have occupational and physical therapy resources to enable independence and physical mobility capacity for the clients through therapy and equipment.
- Clients would be eligible for enhanced services at home such as increase nursing support; intensive occupational and/or physical therapy service; home visiting from a family physician; access to equipment and supplies and increased home support.
• The program would service client with up to 24 hour home support service in the initial 7 days. As it is anticipated that not all clients would require this level of home support, there would be capacity to respond to additional clients utilizing the home support funding request indicated in this request.

• For the home support component of the program, consideration may be given to contract with a Home Support Agency that would ensure consistent availability and accountability for service delivery.

The pilot project

• There would be 2 emergency Departments identified by the Regional Health Authorities for the placement of the initial Rapid Response Teams, one urban and one rural. An additional Team would be added based on the evaluation.

• The teams would be available for seven days a week and 12 hours per day.

• It is recommended that an evaluation of the program be initiated following 1 year of implementation. The evaluation would consider components such as the program’s ability to initiate the indicated services for the clients, whether clients were transitioned to routine home care services following the 7 day period, if clients returned to the emergency department and client/family satisfaction with the program.

• The program evaluation may consider the team’s capacity to expand the scope of the rapid community response to clients discharged from Alternate Level of Care (ALC) acute care beds. (ALC is an acute care bed that is continued to be occupied by a patient who no longer needs acute services)

• The Department will work with the Regional Health Authorities in planning for and implementation of this new initiative.
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<th>Budget Request Year 1</th>
<th>Budget Request Year 2</th>
<th>Budget Request Year 3</th>
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**Description**

- **Equipment for rapid response team**

**Total Salary**

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<th>Year</th>
<th>Budget Request Year 1</th>
<th>Budget Request Year 2</th>
<th>Budget Request Year 3</th>
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<td>1</td>
<td>255,200</td>
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<td>868,200</td>
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<th>Total Salaries &amp; Operating</th>
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<td>50,000</td>
<td>441,500</td>
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**Total Operating Costs**

- **Purchased Services**
  - Travel & Communications: 33,300, 34,000, 34,000
- Supplies (Startup @ 5,000): 50,000, 0, 0
- Training: 0, 0, 0
- Professional Services: 0, 0, 0
- Grants and Subsidies (costs associated with home support for rapid response team): 155,000, 500,000, 500,000
- Allowances and Assistance: 0, 0, 0
- Other equip for rapid response team: 0, 150,000, 150,000
- Other - cost of EDIS system: 0, 0, 0

| Total Operating Costs                          | 188,300               | 684,000               | 684,000               |

**Note:** Benefits @20% and Relief at 15% is included in figures.
ATTACHMENT

#68
Briefing Note
2012-13 Budget Process

Briefing Note Number: XXX-Y (to be completed by Financial Services Division)

Department: Health and Community Services

Title: Enhance Community Emergency Response to Individuals in Crisis to Assist Them to Remain at Home: Community Rapid Response

Request Type and Ranking:

In the Table, tick (√) the type of request and whether funds will be profiled to fund the budget request. Indicate the ranking of this request as reflected on the priority listing.

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<thead>
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<th>Ranking</th>
<th>Reprofiled Y or N</th>
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<td>A</td>
<td>Maintain Base plus incremental funding due to planned changes in existing program</td>
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<tr>
<td>B</td>
<td>Funding for New Initiative/Program</td>
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Corporate Requirements:

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<th>Requirement</th>
<th>Details</th>
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<td>MC or MC and OC required</td>
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<td>Legislative changes required</td>
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<td>Proposed Effective/Implementation Date</td>
<td>November 2012 – 1 team, January 2013 – 3 teams</td>
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Executive Summary of Initiative:

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<th>Component</th>
<th>Brief Description</th>
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<tr>
<td>Target Group</td>
<td>Long Term Care Community Support Services • Community Clients presenting at Emergency Departments</td>
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<tr>
<td>Issue To Be Resolved</td>
<td>Some clients may be admitted to hospital because the routine home care that is available may not meet their immediate need. This initiative will provide supports for clients who present at Emergency Departments that can be safely cared for at home with an enhanced level of community support for up to a seven day period.</td>
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<tr>
<td>Location</td>
<td>Sites throughout the province to be identified in collaboration with the Regional Health Authorities.</td>
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</table>
Environmental Scan

<table>
<thead>
<tr>
<th>Existing Programs</th>
<th>This program would expand community services that are currently available.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Prevention of admission to hospital from the Emergency Department: Initiation of the enhanced service for clients presenting in the emergency departments of the identified sites.</td>
</tr>
<tr>
<td></td>
<td>• Enhanced service for clients in community settings who meet this program requirement.</td>
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</table>

Outcome/Targets 2012-13

<table>
<thead>
<tr>
<th>Needs Assessment Completed</th>
<th>Base Funding</th>
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<tr>
<td>No</td>
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</table>

Description of Initiative/Program:

Target Group/Issue:

- The target group for this initiative is clients who are in emergency rooms that are requiring a higher level of care to enable a safe return to their own home with a plan for enhanced home care for first seven days. The need for the higher level of care is reasonably assessed at the emergency department to not be beyond the seven day period. Following the seven days, it is anticipated that the client will be able to have their needs met through the routine home care services that are available in their area.
- The primary target clients will be those in the 65+ age cohort; however the service will be available for all adults as appropriate.
- This effective solution will benefit clients, especially the frail elderly who often experience functional decline and decreased quality of life during hospital admissions that may be more lengthy than required.
- The movement of clients from the emergency department utilizing the care that would be provided under this initiative would improve emergency room wait times and increase efficiencies by discharging clients that may currently remain in the emergency department. This alternative would provide an option for community care and prevent a hospital admission. Additionally, clients return home where they can be supported in care to effectively and efficiently transition to routine home care service.
- Though the admission of clients for this initiative is not defined by diagnosis, examples of clients who may avail of the service includes those diagnosed with fractured pelvis, exacerbation of respiratory illness or confusion related to an infection that is being treated.

Initiative:

- A Community Rapid Response Team will initiate provision of a higher level of care in community settings to enhance home care services and have a positive effect on emergency room and acute care inpatient bed utilization as clients are provided with effective and efficient care in their own home. Additionally this would be seen as a cost effective option of avoiding hospitalization.
- The Rapid Response Team will assess clients at emergency departments for eligibility for enhanced service to have those that are medically stable return home and be supported with enhanced home care services.
care as they transition to a lower level care requirement that is manageable within the routine home care service that is available in their community.

- Assessment would be completed with a referral from the Emergency Room staff to the Rapid Response Team and would utilize the RAI-HC (Home Care Assessment) as the standardized assessment tool.

- The Rapid Response Team would be compromised of primarily of Community Health Nurses and would include a Nurse Practitioner. The team would be responsive to the assessments at the designated emergency department and care of clients within the 7 day enhanced care period in the community. The teams will also have occupational and physical therapy resources to enable independence and physical mobility capacity for the clients through therapy and equipment.

- Client would be eligible for enhanced services at home such as increase nursing support; intensive occupational and/or physical therapy service; home visiting from a family physician; access to equipment and supplies and increased home support.

- The program would service up to 340 clients annually with up to 24 hour home support service in the initial 7 days. As it is anticipated that not all clients would require this level of home support, there would be capacity to respond to additional clients utilizing the home support funding request indicated in this request.

- For the home support component of the program, consideration may be given to contract with a Home Support Agency that would ensure consistent availability and accountability for service delivery.

- There would be 4 emergency Departments identified by the Regional Health Authorities for the placement of the initial Rapid Response Teams. An additional Team would be added in 2013-14 budget year with consideration to add up to 5 more teams in future budget years.

- The teams would be available for seven days a week and 12 hours per day.

**Background and Analysis:** s.29(1)(a)
**Financial Considerations**

- See attached
- Staffing and direct client service funding to support the initiation of the team is an integral to the implementation

**Other Considerations**

- There are no legal, environmental, red tape, gender or rural lens considerations for this initiative.
- Effective date for initial implementation planned for November 2012 to allow time for program guideline development, staff hiring and minimal training for staff involved.
- Program initiation based on the RAI-HC assessment being available for January 2013.
- This initiative would require communication for staff at the Regional Health Authorities as well as for the public that may be impacted by this new program.
- There are no program/policy changes anticipated.
- Program development and guidelines would need to be completed.
- One year announcement for the department with potential for additional teams in future budget years.

**Priority Ranking:** *(to be completed by Financial Services Division)*

Departments must rank all Budget requests in order of funding.

**For Financial Services Use Only**

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<tr>
<td>Trade Off Positions</td>
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**OUTPUT Indicators**

Output 1

Implementation of a Rapid Response Team

**OUTCOMES Indicators * **

- Efficient and effective delivery of enhanced home care service to enable client to transition to routine service and avoiding hospital admission.
- 

* If no outcomes are projected by 2014-15, please indicate by which fiscal year they are expected to be achieved.
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* For Status indicate P for permanent, T for temporary, S for Seasonal, C for contractual
**For Type indicate E for Executive, M for Management, BU for Bargaining Unit, NB for non-union/non-management.**

**Position Rationale Additional Information Required:** Please ensure to complete all fields included in the table below.

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<th>Provided brief rational as to why position(s) is needed</th>
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<tbody>
<tr>
<td>Provide brief rational as to why this requirement can not be performed by existing staff</td>
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<td>Identify the ability to address any space requirements within existing resources</td>
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<tr>
<td>Indicate how the number of required positions was determined</td>
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<tr>
<td>Indicate geographic location of position(s) and why location was selected</td>
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<tr>
<td>Indicate if there is an overlap of roles/responsibilities within another division/department/Health Authority</td>
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s.38(1)(a), s.29(1)(a)
## Funding Requirements

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<th>Year 2 FTEs</th>
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<th>Year 3 FTEs</th>
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### Total Salary

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